### U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009 Annual Plan for Fiscal Year 2005

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

### PHA Plan Agency Identification

**PHA Name:** DOWAGIAC HOUSING COMMISSION PHA Number: MI120 PHA Fiscal Year Beginning: 10/01/2005 **Public Access to Information** Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply) Main administrative office of the PHA X PHA development management offices PHA local offices **Display Locations for PHA Plans and Supporting Documents** The PHA Plans (including attachments) are available for public inspection at: (select all that apply) Main administrative office of the PHA X PHA development management offices PHA local offices X Main administrative office of the local government Main administrative office of the County government Main administrative office of the State government Public library PHA website Other (list below) PHA Plan Supporting Documents are available for inspection at: (select all that apply) Main business office of the PHA PHA development management offices Other (list below)

### 5-YEAR PLAN **PHA FISCAL YEARS 2005 - 2009**

[24 CFR Part 903.5]

A. Mission
State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income

| families                                     | s in the PHA's jurisdiction. (select one of the choices below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X                                            | The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.                                                                                                                                                                                                                                                                                                                                                                                             |
|                                              | The PHA's mission is: (state mission here)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>B. G</b>                                  | <u>oals</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| emphas<br>dentify<br>PHAS<br>SUCCI<br>Quanti | als and objectives listed below are derived from HUD's strategic Goals and Objectives and those ized in recent legislation. PHAs may select any of these goals and objectives as their own, or other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF ESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. fiable measures would include targets such as: numbers of families served or PHAS scores d.) PHAs should identify these measures in the spaces to the right of or below the stated objectives. |
| HUD<br>housii                                | Strategic Goal: Increase the availability of decent, safe, and affordable ng.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| X                                            | PHA Goal: Expand the supply of assisted housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                              | Objectives:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                              | Apply for additional rental vouchers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                              | X Reduce public housing vacancies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                              | Leverage private or other public funds to create additional housing opportunities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                              | Acquire or build units or developments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                              | Other (list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| X                                            | PHA Goal: Improve the quality of assisted housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Λ                                            | Objectives:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                              | X Improve public housing management: (PHAS score)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                              | X Improve voucher management: (SEMAP score)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                              | X Increase customer satisfaction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                              | Concentrate on efforts to improve specific management functions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                              | (list; e.g., public housing finance; voucher unit inspections)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                              | X Renovate or modernize public housing units:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                              | Demolish or dispose of obsolete public housing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                              | Provide replacement public housing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                              | Provide replacement vouchers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                              | Other: (list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|             | PHA Goal: Increase assisted housing choices                                                                                     |
|-------------|---------------------------------------------------------------------------------------------------------------------------------|
|             | Objectives:                                                                                                                     |
|             | Provide voucher mobility counseling:                                                                                            |
|             | Conduct outreach efforts to potential voucher landlords                                                                         |
|             | Increase voucher payment standards                                                                                              |
|             | Implement voucher homeownership program:                                                                                        |
|             | Implement public housing or other homeownership programs:                                                                       |
|             | Implement public housing site-based waiting lists:                                                                              |
|             | Convert public housing to vouchers:                                                                                             |
|             | Other: (list below)                                                                                                             |
| HUD S       | Strategic Goal: Improve community quality of life and economic vitality                                                         |
| X           | PHA Goal: Provide an improved living environment                                                                                |
|             | Objectives:                                                                                                                     |
|             | Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: |
|             | Implement measures to promote income mixing in public housing by                                                                |
|             | assuring access for lower income families into higher income                                                                    |
|             | developments:                                                                                                                   |
|             | X Implement public housing security improvements:                                                                               |
|             | Designate developments or buildings for particular resident groups                                                              |
|             | (elderly, persons with disabilities)                                                                                            |
|             | Other: (list below)                                                                                                             |
|             |                                                                                                                                 |
|             | Strategic Goal: Promote self-sufficiency and asset development of families dividuals                                            |
|             | DHA Cook Promote self sufficiency and asset development of assisted                                                             |
| ∟<br>househ | PHA Goal: Promote self-sufficiency and asset development of assisted olds                                                       |
|             | Objectives:                                                                                                                     |
|             | Increase the number and percentage of employed persons in assisted                                                              |
|             | families:                                                                                                                       |
|             | Provide or attract supportive services to improve assistance recipients'                                                        |
|             | employability:                                                                                                                  |
|             | Provide or attract supportive services to increase independence for the                                                         |
|             | elderly or families with disabilities.                                                                                          |
|             | Other: (list below)                                                                                                             |
|             |                                                                                                                                 |

### **HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

X PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
 X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:

 Other: (list below)

Other PHA Goals and Objectives: (list below)

### Annual PHA Plan PHA Fiscal Year 2005

[24 CFR Part 903.7]

### i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

### X Standard Plan

# Streamlined Plan: High Performing PHA Small Agency (<250 Public Housing Units) Administering Section 8 Only Troubled Agency Plan

### ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

### iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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### **Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

| Required Attachments:  Admissions Policy for De-concentration  X FY 2004 Capital Fund Program Annual Statement  Most recent board-approved operating budget (Required Attachment for PHAs that a troubled or at risk of being designated troubled ONLY)                                                                 | are |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Optional Attachments:  PHA Management Organizational Chart  X FY 2004 Capital Fund Program 5 Year Action Plan  Public Housing Drug Elimination Program (PHDEP) Plan  Comments of Resident Advisory Board or Boards (must be attached if not included PHA Plan text)  Other (List below, providing each attachment name) | in  |

### **Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the "Applicable & orDisplay" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |  |  |  |  |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--|--|--|
| Applicable & On Display                           | Supporting Document                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Applicable Plan<br>Component  |  |  |  |  |
| XX                                                | 5 Year and Annual Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |  |  |  |  |
| XX                                                | State/Local Government Certification of Consistency with the Consolidated Plan                                                                                                                                                                                                                                                                                                                                                                                           | 5 Year and Annual Plans       |  |  |  |  |
|                                                   | Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans       |  |  |  |  |
| XX                                                | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction                                                                                                                                                                                                                                  | Annual Plan:<br>Housing Needs |  |  |  |  |

| List of Supporting Documents Available for Review                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |  |  |  |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|--|--|
| Applicable &                                                                                                   | Supporting Document                                                                                                                                                                                                                                                                                                                                                                                             | Applicable Plan<br>Component                                       |  |  |  |
| On Display                                                                                                     | W                                                                                                                                                                                                                                                                                                                                                                                                               | 4 151                                                              |  |  |  |
| XX                                                                                                             | Most recent board-approved operating budget for the public housing program                                                                                                                                                                                                                                                                                                                                      | Annual Plan:<br>Financial Resources;                               |  |  |  |
| XX                                                                                                             | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]                                                                                                                                                                                                                                                                                | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |  |  |
| XX                                                                                                             | Section 8 Administrative Plan                                                                                                                                                                                                                                                                                                                                                                                   | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |  |  |
|                                                                                                                | Public Housing De-concentration and Income Mixing Documentation:  1. PHA board certifications of compliance with de- concentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 2. Documentation of the required de-concentration and income mixing analysis | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |  |  |
| XX                                                                                                             | Public housing rent determination policies, including the methodology for setting public housing flat rents  X check here if included in the public housing A & O Policy                                                                                                                                                                                                                                        | Annual Plan: Rent Determination                                    |  |  |  |
| XX                                                                                                             | Schedule of flat rents offered at each public housing development  X check here if included in the public housing A & O Policy                                                                                                                                                                                                                                                                                  | Annual Plan: Rent<br>Determination                                 |  |  |  |
| XX                                                                                                             | Section 8 rent determination (payment standard) policies  X check here if included in Section 8  Administrative Plan                                                                                                                                                                                                                                                                                            | Annual Plan: Rent<br>Determination                                 |  |  |  |
| XX                                                                                                             | Public housing management and maintenance policy<br>documents, including policies for the prevention or<br>eradication of pest infestation (including cockroach<br>infestation)                                                                                                                                                                                                                                 | Annual Plan: Operations and Maintenance                            |  |  |  |
| XX                                                                                                             | Public housing grievance procedures  X check here if included in the public housing A & O Policy                                                                                                                                                                                                                                                                                                                | Annual Plan: Grievance<br>Procedures                               |  |  |  |
| XX                                                                                                             | Section 8 informal review and hearing procedures  X check here if included in Section 8  Administrative Plan                                                                                                                                                                                                                                                                                                    | Annual Plan: Grievance<br>Procedures                               |  |  |  |
| XX The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active given |                                                                                                                                                                                                                                                                                                                                                                                                                 | Annual Plan: Capital Needs                                         |  |  |  |
|                                                                                                                | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant                                                                                                                                                                                                                                                                                                                                   | Annual Plan: Capital Needs                                         |  |  |  |
|                                                                                                                | Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)                                                                                                                                                                                                                                                            | Annual Plan: Capital Needs                                         |  |  |  |

| List of Supporting Documents Available for Review |                                                                                                                                                                                                      |                                                      |  |  |  |  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|--|--|
| Applicable & On Display                           | Supporting Document                                                                                                                                                                                  | Applicable Plan<br>Component                         |  |  |  |  |
|                                                   | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing                                | Annual Plan: Capital Needs                           |  |  |  |  |
|                                                   | Approved or submitted applications for demolition and/or disposition of public housing                                                                                                               | Annual Plan: Demolition and Disposition              |  |  |  |  |
|                                                   | Approved or submitted applications for designation of public housing (Designated Housing Plans)                                                                                                      | Annual Plan: Designation of Public Housing           |  |  |  |  |
|                                                   | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act      | Annual Plan: Conversion of<br>Public Housing         |  |  |  |  |
|                                                   | Approved or submitted public housing homeownership programs/plans                                                                                                                                    | Annual Plan:<br>Homeownership                        |  |  |  |  |
|                                                   | Policies governing any Section 8 Homeownership program  check here if included in the Section 8  Administrative Plan                                                                                 | Annual Plan:<br>Homeownership                        |  |  |  |  |
|                                                   | Any cooperative agreement between the PHA and the TANF agency                                                                                                                                        | Annual Plan: Community<br>Service & Self-Sufficiency |  |  |  |  |
|                                                   | FSS Action Plan/s for public housing and/or Section 8                                                                                                                                                | Annual Plan: Community<br>Service & Self-Sufficiency |  |  |  |  |
|                                                   | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports                                                                                             | Annual Plan: Community<br>Service & Self-Sufficiency |  |  |  |  |
|                                                   | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)                        | Annual Plan: Safety and<br>Crime Prevention          |  |  |  |  |
| XX                                                | The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit                            |  |  |  |  |
|                                                   | Troubled PHAs: MOA/Recovery Plan                                                                                                                                                                     | Troubled PHAs                                        |  |  |  |  |
|                                                   | Other supporting documents (optional) (list individually; use as many lines as necessary)                                                                                                            | (specify as needed)                                  |  |  |  |  |
|                                                   |                                                                                                                                                                                                      |                                                      |  |  |  |  |

### 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

### A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

| Housing Needs of Families in the Jurisdiction<br>by Family Type |         |                    |        |         |                    |      |          |
|-----------------------------------------------------------------|---------|--------------------|--------|---------|--------------------|------|----------|
| Family Type                                                     | Overall | Afford-<br>ability | Supply | Quality | Access-<br>ability | Size | Location |
| Income <= 30%                                                   |         |                    |        |         |                    |      |          |
| of AMI                                                          | 51      | 5                  | 5      | 5       | 5                  | 5    | 51       |
| Income >30% but                                                 |         |                    |        |         |                    |      |          |
| <=50% of AMI                                                    | 18      | 4                  | 4      | 4       | 4                  | 4    | 4        |
| Income >50% but                                                 |         |                    |        |         |                    |      |          |
| <80% of AMI                                                     | 4       | 3                  | 3      | 3       | 3                  | 3    | 3        |
| Elderly                                                         | 32      | 5                  | 5      | 5       | 5                  | 5    | 5        |
| Families with                                                   |         |                    |        |         |                    |      |          |
| Disabilities                                                    | 27      | 5                  | 5      | 5       | 5                  | 5    | 5        |
| Race/Ethnicity                                                  | 48      | 5                  | 5      | 5       | 5                  | 5    | 5        |
| Race/Ethnicity                                                  | 25      | 5                  | 5      | 5       | 5                  | 5    | 5        |
| Race/Ethnicity                                                  | 0       |                    |        |         |                    |      |          |
| Race/Ethnicity                                                  | 0       |                    |        |         |                    |      |          |

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

|   | Consolidated Plan of the Jurisdiction/s                                             |
|---|-------------------------------------------------------------------------------------|
|   | Indicate year:                                                                      |
|   | U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset |
|   | American Housing Survey data                                                        |
|   | Indicate year:                                                                      |
|   | Other housing market study                                                          |
|   | Indicate year:                                                                      |
| X | Other sources: (list and indicate year of information)                              |
|   | Demographic Statistics Reports run 7/27/2005 from DHC database                      |

### **B.** Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the Waiting List                           |  |
|-------------------------------------------------------------------------|--|
| Waiting list type: (select one)                                         |  |
| Section 8 tenant-based assistance                                       |  |
| Public Housing                                                          |  |
| X Combined Section 8 and Public Housing                                 |  |
| Public Housing Site-Based or sub-jurisdictional waiting list (optional) |  |
| If used, identify which development/sub-jurisdiction:                   |  |

| Housing Needs of Families on the Waiting List                                      |               |                     |                 |  |  |  |
|------------------------------------------------------------------------------------|---------------|---------------------|-----------------|--|--|--|
|                                                                                    | # of families | % of total families | Annual Turnover |  |  |  |
| Waiting list total                                                                 | 112           |                     |                 |  |  |  |
| Extremely low                                                                      |               |                     |                 |  |  |  |
| income <=30% AMI                                                                   | 104           | 98                  |                 |  |  |  |
| Very low income                                                                    |               |                     |                 |  |  |  |
| (>30% but <=50%                                                                    |               |                     |                 |  |  |  |
| AMI)                                                                               | 5             | 2                   |                 |  |  |  |
| Low income                                                                         |               |                     |                 |  |  |  |
| (>50% but <80%                                                                     |               |                     |                 |  |  |  |
| AMI)                                                                               | 3             | 1                   |                 |  |  |  |
| Families with                                                                      |               |                     |                 |  |  |  |
| children                                                                           | 104           | 87                  |                 |  |  |  |
| Elderly families                                                                   | 7             | 8                   |                 |  |  |  |
| Families with                                                                      |               |                     |                 |  |  |  |
| Disabilities                                                                       | 18            | 7                   |                 |  |  |  |
| Race/ethnicity                                                                     | 75            | 45                  |                 |  |  |  |
| Race/ethnicity                                                                     |               |                     |                 |  |  |  |
|                                                                                    | 87            | 50                  |                 |  |  |  |
| Race/ethnicity                                                                     | 6             | 3                   |                 |  |  |  |
| Race/ethnicity                                                                     |               |                     |                 |  |  |  |
|                                                                                    | 5             | 2                   |                 |  |  |  |
|                                                                                    |               |                     |                 |  |  |  |
| Characteristics by                                                                 |               |                     |                 |  |  |  |
| Bedroom Size                                                                       |               |                     |                 |  |  |  |
| (Public Housing                                                                    |               |                     |                 |  |  |  |
| Only)                                                                              |               |                     |                 |  |  |  |
| 1BR                                                                                | 33            | 33                  |                 |  |  |  |
| 2 BR                                                                               | 44            | 38                  |                 |  |  |  |
| 3 BR                                                                               |               |                     |                 |  |  |  |
|                                                                                    | 43            | 28                  |                 |  |  |  |
| 4 BR                                                                               | 1             | 1                   |                 |  |  |  |
| 5 BR                                                                               |               |                     |                 |  |  |  |
| 5+ BR                                                                              |               |                     |                 |  |  |  |
| Is the waiting list closed (select one)?  No X Yes                                 |               |                     |                 |  |  |  |
| If yes:                                                                            |               |                     |                 |  |  |  |
| How long has it been closed (# of months)? 36                                      |               |                     |                 |  |  |  |
| Does the PHA expect to reopen the list in the PHA Plan year? X No Yes              |               |                     |                 |  |  |  |
| Does the PHA permit specific categories of families onto the waiting list, even if |               |                     |                 |  |  |  |
| generally close                                                                    | ed? X No Yes  |                     |                 |  |  |  |
|                                                                                    |               |                     |                 |  |  |  |

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

### (1) Strategies

Need: Shortage of affordable housing for all eligible populations

### Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

| Select al                                                                   | l that apply                                                                                                                                      |  |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| X                                                                           | Employ effective maintenance and management policies to minimize the number of public housing units off-line                                      |  |
| X                                                                           | Reduce turnover time for vacated public housing units                                                                                             |  |
| X                                                                           | Reduce time to renovate public housing units                                                                                                      |  |
|                                                                             | Seek replacement of public housing units lost to the inventory through mixed finance development                                                  |  |
|                                                                             | Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources                                    |  |
|                                                                             | Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction     |  |
| X                                                                           | Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required                    |  |
|                                                                             | Maintain or increase section 8 lease-up rates by marketing the program to owners,                                                                 |  |
|                                                                             | particularly those outside of areas of minority and poverty concentration                                                                         |  |
| Ш                                                                           | Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants                                                       |  |
|                                                                             | to increase owner acceptance of program                                                                                                           |  |
|                                                                             | Participate in the Consolidated Plan development process to ensure coordination with                                                              |  |
|                                                                             | broader community strategies Other (list below)                                                                                                   |  |
|                                                                             | Other (list below)                                                                                                                                |  |
|                                                                             |                                                                                                                                                   |  |
|                                                                             | gy 2: Increase the number of affordable housing units by:                                                                                         |  |
| Select al                                                                   | l that apply                                                                                                                                      |  |
|                                                                             |                                                                                                                                                   |  |
|                                                                             | Apply for additional section 8 units should they become available  Leverage affordable housing resources in the community through the creation of |  |
| L. mixed                                                                    | - finance housing                                                                                                                                 |  |
|                                                                             | Pursue housing resources other than public housing or Section 8 tenant-based                                                                      |  |
| Ш                                                                           | assistance.                                                                                                                                       |  |
|                                                                             | Other: (list below)                                                                                                                               |  |
|                                                                             |                                                                                                                                                   |  |
| Need:                                                                       | Specific Family Types: Families at or below 30% of median                                                                                         |  |
| Strategy 1: Target available assistance to families at or below 30 % of AMI |                                                                                                                                                   |  |
|                                                                             | l that apply                                                                                                                                      |  |
|                                                                             |                                                                                                                                                   |  |

| □ X X X □  | Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below)                                                                                                                                                                                                                                                                                                                                                 |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Need:      | Specific Family Types: Families at or below 50% of median                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|            | gy 1: Target available assistance to families at or below 50% of AMI ll that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| X<br>X     | Employ admissions preferences aimed at families who are working<br>Adopt rent policies to support and encourage work<br>Other: (list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Need:      | Specific Family Types: The Elderly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|            | gy 1: Target available assistance to the elderly:  ll that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| X<br>\[ \] | Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Strate     | Specific Family Types: Families with Disabilities  gy 1: Target available assistance to Families with Disabilities:  ll that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|            | Seek designation of public housing for families with disabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ X        | Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below)                                                                                                                                                                                                                                                                                                                                                                           |
|            | <u> ( 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u> |

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

| Financial Resources:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.                                                                                                                                            |
| 2. Statement of Financial Resources [24 CFR Part 903.7 9 (b)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul> <li>(2) Reasons for Selecting Strategies</li> <li>Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:</li> <li>X Funding constraints</li> <li>X Limited availability of sites for assisted housing</li> <li>Extent to which particular housing needs are met by other organizations in the community</li> <li>Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA</li> <li>Influence of the housing market on PHA programs</li> <li>X Community priorities regarding housing assistance</li> <li>Results of consultation with local or state government</li> <li>Results of consultation with residents and the Resident Advisory Board</li> <li>Results of consultation with advocacy groups</li> <li>Other: (list below)</li> </ul> |
| Other Housing Needs & Strategies: (list needs and strategies below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| concentrations  Other: (list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units  X Market the section 8 program to owners outside of areas of poverty /minority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Strategy 2: Conduct activities to affirmatively further fair housing Select all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Select if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Sources                                    | Planned \$   | Planned Uses |
|--------------------------------------------|--------------|--------------|
| 1. Federal Grants (FY 2005 grants)         |              |              |
| a) Public Housing Operating Fund           | 191,592      |              |
| b) Public Housing Capital Fund             | 108,400      |              |
| c) HOPE VI Revitalization                  | 0            |              |
| d) HOPE VI Demolition                      | 0            |              |
| e) Annual Contributions for Section        |              |              |
| 8 Tenant-Based Assistance                  | 431,801      |              |
| f) Public Housing Drug Elimination         |              |              |
| Program (including any Technical           |              |              |
| Assistance funds)                          | 0            |              |
| g) Resident Opportunity and Self-          |              |              |
| Sufficiency Grants                         | 0            |              |
| h) Community Development Block             |              |              |
| Grant                                      | 0            |              |
| i) HOME                                    | 0            |              |
| Other Federal Grants (list below)          |              |              |
|                                            |              |              |
| 2. Prior Year Federal Grants (un-          |              |              |
| obligated funds only) (list below)         |              |              |
| CFG 2003                                   | 32,567.38    |              |
| CFG 2004                                   | 79,121       |              |
| CFG 2005                                   | 108,400      |              |
| 3. Public Housing Dwelling Rental          |              |              |
| Income                                     | 199,350      | OPERATIONS   |
|                                            |              |              |
|                                            |              |              |
| <b>4. Other income</b> (list below)        |              |              |
| COMMUNITY ROOM                             | 600          | OPERATIONS   |
| EXCESS UTILITIES                           | 800          | OPERATIONS   |
| <b>4. Non-federal sources</b> (list below) |              |              |
| LAUNDRY FACILITY                           | 9,400        | OPERATIONS   |
| INVESTMENTS                                | 1,150        | OPERATIONS   |
| Total resources                            | 1,163,181.38 |              |
| Total resources                            | 1,103,101.30 |              |
|                                            |              |              |
|                                            | 1            |              |

# 3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.7 9 (c)]

### A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

### (1) Eligibility

| When does the PHA verify eligibility for admission to public housing? (select all that apply)  When families are within a certain number of being offered a unit: (state number) 2  When families are within a certain time of being offered a unit: (state time)  Other: (describe)                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?</li> <li>Criminal or Drug-related activity</li> <li>Rental history</li> <li>Housekeeping</li> <li>Other (describe)</li> </ul>                                                                                                    |
| e. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?  d. X Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?  e. Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (Either directly or through an NCIC-authorized source) |
| 2)Waiting List Organization                                                                                                                                                                                                                                                                                                                                                       |
| <ul> <li>Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)</li> <li>Community-wide list</li> <li>Sub-jurisdictional lists</li> <li>Site-based waiting lists</li> <li>Other (describe)</li> </ul>                                                                                                                         |
| <ul> <li>Where may interested persons apply for admission to public housing?</li> <li>PHA main administrative office</li> <li>PHA development site management office</li> <li>Other (list below)</li> </ul>                                                                                                                                                                       |
| e. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) <b>Assignment</b>                                                                                                                                                                                                  |
| 1. How many site-based waiting lists will the PHA operate in the coming year?                                                                                                                                                                                                                                                                                                     |
| 2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  If yes, how many lists?                                                                                                                                                                        |

| 3. Yes No: May families be on more than one list simultaneously If yes, how many lists?                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?</li> <li>PHA main administrative office</li> <li>All PHA development management offices</li> <li>Management offices at developments with site-based waiting lists</li> <li>At the development to which they would like to apply</li> <li>Other (list below)</li> </ul> |
| (3) Assignment                                                                                                                                                                                                                                                                                                                                                                                                           |
| a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)  X One  Two  Three or More                                                                                                                                                                                                                                          |
| b. X Yes No: Is this policy consistent across all waiting list types?                                                                                                                                                                                                                                                                                                                                                    |
| c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:                                                                                                                                                                                                                                                                                                       |
| (4) Admissions Preferences                                                                                                                                                                                                                                                                                                                                                                                               |
| a. Income targeting:  Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?                                                                                                                                                                                                     |
| c. Transfer policies: In what circumstances will transfers take precedence over new admissions? (list below)  X Emergencies X Over-housed X Under-housed X Medical justification X Administrative reasons determined by the PHA (e.g., to permit modernization work) X Resident choice: (state circumstances below)  Other: (list below)                                                                                 |

| <ul> <li>c. Preferences</li> <li>1. Yes X No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)</li> </ul>                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)                                                                                                                                                                                                                                                                                                                                                                                                |
| Former Federal preferences:  Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)                                                                                                                                                                                                                                                                                                               |
| Other preferences: (select below)  Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) |
| 3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.                                                                                                                                           |
| X Date and Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Former Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden                                                                                                                                                                                                                                                                                                                                                  |
| Other preferences (select all that apply)  Working families and those unable to work because of age or disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>4. Relationship of preferences to income targeting requirements:</li> <li>The PHA applies preferences within income tiers</li> <li>Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements</li> </ul>                                                                                                                                                                                                       |
| (5) Occupancy                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul> <li>a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)</li> <li>X The PHA-resident lease</li> <li>X The PHA's Admissions and (Continued) Occupancy policy</li> <li>X PHA briefing seminars or written materials</li> <li>X Other source (list) TENANT MANUAL</li> </ul>                                                                                      |
| <ul> <li>b. How often must residents notify the PHA of changes in family composition? (Select all that apply)</li> <li>At an annual reexamination and lease renewal</li> <li>X Any time family composition changes</li> <li>At family request for revision</li> <li>Other (list)</li> </ul>                                                                                                                                                                              |
| (6) De-concentration and Income Mixing                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| The Dowagiac Housing Commission is exempt from this requirement due to its size.                                                                                                                                                                                                                                                                                                                                                                                         |
| a.  Yes X No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote de-concentration of poverty or income mixing?                                                                                                                                                                                                                                                       |
| b.  Yes X No: Did the PHA adopt any changes to its <b>admissions policies</b> based on the results of the required analysis of the need to promote de-concentration of poverty or to assure income mixing?                                                                                                                                                                                                                                                               |
| c. If the answer to b was yes, what changes were adopted? (select all that apply)  Adoption of site based waiting lists                                                                                                                                                                                                                                                                                                                                                  |

|                   | If selected, list targeted developments below:                                                                                                                                                                                                                                               |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Employing waiting list "skipping" to achieve de-concentration of poverty or income mixing goals at targeted developments If selected, list targeted developments below:                                                                                                                      |
|                   | Employing new admission preferences at targeted developments If selected, list targeted developments below:                                                                                                                                                                                  |
|                   | Other (list policies and developments targeted below)                                                                                                                                                                                                                                        |
| d. 🗌              | Yes X No: Did the PHA adopt any changes to <b>other</b> policies based on the results of the required analysis of the need for de-concentration of poverty and income mixing?                                                                                                                |
| e. If th          | ne answer to d was yes, how would you describe these changes? (select all that apply)                                                                                                                                                                                                        |
|                   | Additional affirmative marketing Actions to improve the marketability of certain developments Adoption or adjustment of ceiling rents for certain developments Adoption of rent incentives to encourage de-concentration of poverty and income-mixing Other (list below)                     |
|                   | ed on the results of the required analysis, in which developments will the PHA make lefforts to attract or retain higher-income families? (select all that apply)  Not applicable: results of analysis did not indicate a need for such efforts  List (any applicable) developments below:   |
| special           | ded on the results of the required analysis, in which developments will the PHA make defforts to assure access for lower-income families? (select all that apply)  Not applicable: results of analysis did not indicate a need for such efforts  List (any applicable) developments below:   |
| Exempti<br>Unless | ction 8 ions: PHAs that do not administer section 8 are not required to complete sub-component 3B. otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance in (vouchers, and until completely merged into the voucher program, certificates). |
| (1) Eli           | gibility                                                                                                                                                                                                                                                                                     |
| a. Wha            | criminal or drug-related activity only to the extent required by law or regulation Criminal and drug-related activity, more extensively than required by law or regulation More general screening than criminal and drug-related activity (list factors below) Other (list below)            |

| b. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| c. X Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?                                                                                                                                                                                                                                                  |
| d.  Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)                                                                                                                                                                                                              |
| e. Indicate what kinds of information you share with prospective landlords? (select all that apply)                                                                                                                                                                                                                                                             |
| X Criminal or drug-related activity  Other (describe below)                                                                                                                                                                                                                                                                                                     |
| (2) Waiting List Organization                                                                                                                                                                                                                                                                                                                                   |
| <ul> <li>a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)</li> <li>None</li> <li>X Federal public housing</li> <li>Federal moderate rehabilitation</li> <li>Federal project-based certificate program</li> <li>Other federal or local program (list below)</li> </ul> |
| <ul> <li>b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)</li> <li>X PHA main administrative office</li> <li>Other (list below)</li> </ul>                                                                                                                                                     |
| (3) Search Time                                                                                                                                                                                                                                                                                                                                                 |
| a. X Yes No: Does the PHA give extensions on standard 60-day period to search for a unit?                                                                                                                                                                                                                                                                       |
| If yes, state circumstances below: If the applicant has been unable to find housing.                                                                                                                                                                                                                                                                            |
| (4) Admissions Preferences                                                                                                                                                                                                                                                                                                                                      |
| a. Income targeting                                                                                                                                                                                                                                                                                                                                             |
| Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?                                                                                                                                                           |

| <ul> <li>b. Preferences</li> <li>1. Yes X No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)</li> </ul>                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)                                                                                                                                                                                                                                                                                                                                                                                                         |
| Former Federal preferences  Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)                                                                                                                                                                                                                                                                                                                         |
| Other preferences (select all that apply)  Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) |
| 3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.                                                                                                                                                    |
| X Date and Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Former Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden                                                                                                                                                                                                                                                                                                                                                            |
| Other preferences (select all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

| a. Use of discretionary policies: (select one)                                                                                                                                                                                                                                                                                               |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| X The PHA will not employ any discretionary rent-setting policies for income based republic housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2) | •    |
| Or                                                                                                                                                                                                                                                                                                                                           |      |
| The PHA employs discretionary policies for determining income based rent (If select continue to question b.)                                                                                                                                                                                                                                 | ed,  |
| b. Minimum Rent                                                                                                                                                                                                                                                                                                                              |      |
| 1. What amount best reflects the PHA's minimum rent? (select one)  \$0  \$1-\$25  X \$26-\$50                                                                                                                                                                                                                                                |      |
| 2. X Yes No: Has the PHA adopted any discretionary minimum rent hardship exemptio policies?                                                                                                                                                                                                                                                  | n    |
| 3. If yes to question 2, list these policies below: Minimum rent of \$50 per month                                                                                                                                                                                                                                                           |      |
| c. Rents set at less than 30% than adjusted income                                                                                                                                                                                                                                                                                           |      |
| 1. Yes X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?                                                                                                                                                                                                                             |      |
| 2. If yes to above, list the amounts or percentages charged and the circumstances under who these will be used below:                                                                                                                                                                                                                        | nich |
| d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA to employ (Select all that Apply)  For the earned income of a previously unemployed household member  For increases in earned income  Fixed amount (other than general rent-setting policy)  If yes, state amount/s and circumstances below:     | plan |
| Fixed percentage (other than general rent-setting policy)                                                                                                                                                                                                                                                                                    |      |

|             | If yes, state percentage/s and circumstances below:                                                                                                                                                                                                                                     |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)                                                                                                         |
| e. Ceil     | ing rents                                                                                                                                                                                                                                                                               |
| 1. Do       | you have ceiling rents? (Rents set at a level lower than 30% of adjusted income) (Select e)                                                                                                                                                                                             |
| □<br>□<br>X | Yes for all developments Yes but only for some developments No                                                                                                                                                                                                                          |
| 2. For      | r which kinds of developments are ceiling rents in place? (select all that apply)                                                                                                                                                                                                       |
|             | For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below) |
|             | lect the space or spaces that best describe how you arrive at ceiling rents (select all that ply)                                                                                                                                                                                       |
|             | Market comparability study Fair market rents (FMR) 95 <sup>th</sup> percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below)       |
| f. Rent     | re-determinations:                                                                                                                                                                                                                                                                      |
| family      | ween income reexaminations, how often must tenants report changes in income or composition to the PHA such that the changes result in an adjustment to rent? (Select apply)  Never  At family option  Any time the family experiences an income increase                                |

|        | Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) Other (list below)                                                                                                                                                                                              |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| g. 🗌   | Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?                                                                                                                     |
| (2) Fl | at Rents                                                                                                                                                                                                                                                                                                                                  |
|        | setting the market-based flat rents, what sources of information did the PHA use to ablish comparability? (Select all that apply.)  The section 8 rent reasonableness study of comparable housing Survey of rents listed in local newspaper  Survey of similar unassisted units in the neighborhood  Other (list/describe below)          |
| B. Se  | ection 8 Tenant-Based Assistance                                                                                                                                                                                                                                                                                                          |
| Exempt | ions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-<br>tent 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8<br>three program (vouchers, and until completely merged into the voucher program, certificates).                     |
|        | yment Standards                                                                                                                                                                                                                                                                                                                           |
|        | e the voucher payment standards and policies.                                                                                                                                                                                                                                                                                             |
|        | At or above 90% but below100% of FMR 100% of FMR Above 100% but at or below 110% of FMR Above 110% of FMR (if HUD approved; describe circumstances below)                                                                                                                                                                                 |
|        | the payment standard is lower than FMR, why has the PHA selected this standard? (select that apply)  FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area  The PHA has chosen to serve additional families by lowering the payment standard Reflects market or sub-market  Other (list below) |
|        | ne payment standard is higher than FMR, why has the PHA chosen this level? (select all apply) FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area Reflects market or sub-market To increase housing options for families                                                                 |

| d. How often are payment standards reevaluated for adequacy? (select one)  X Annually  Other (list below)  e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (Select all that apply)  X Success rates of assisted families  X Rent burdens of assisted families  Other (list below)  (2) Minimum Rent  a. What amount best reflects the PHA's Minimum rent? (Select one)  \$0  \$1-\$25  X \$26-\$50  b. Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)  5. Operations and Management  [24 CFR Part 903.7 9 (e)]  Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)  A. PHA Management Structure  Describe the PHA's management structure and organization. |        | Other (list below)                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------|
| (Select all that apply)  X Success rates of assisted families  X Rent burdens of assisted families  Other (list below)  (2) Minimum Rent  a. What amount best reflects the PHA's Minimum rent? (Select one)  \$0  \$1-\$25  X \$26-\$50  b. Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)  5. Operations and Management  [24 CFR Part 903.7 9 (e)]  Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)  A. PHA Management Structure                                                                                                                                                                                                                                                                        |        | Annually                                                                                 |
| a. What amount best reflects the PHA's Minimum rent? (Select one)  \$0  \$1-\$25  X \$26-\$50  b. Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)  5. Operations and Management  [24 CFR Part 903.7 9 (e)]  Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)  A. PHA Management Structure                                                                                                                                                                                                                                                                                                                                                                                                                  | (Sel   | ect all that apply) Success rates of assisted families Rent burdens of assisted families |
| \$0 \$1-\$25  X \$26-\$50  b. Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)  5. Operations and Management  [24 CFR Part 903.7 9 (e)]  Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)  A. PHA Management Structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (2) Mi | nimum Rent                                                                               |
| policies? (if yes, list below)  5. Operations and Management  [24 CFR Part 903.7 9 (e)]  Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)  A. PHA Management Structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        | \$0<br>\$1-\$25                                                                          |
| [24 CFR Part 903.7 9 (e)]  Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)  A. PHA Management Structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | b. 🗌   |                                                                                          |
| 8 only PHAs must complete parts A, B, and C(2)  A. PHA Management Structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A. PH  | IA Management Structure                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                          |

| Program Name            | Units or Families<br>Served at Year | Expected<br>Turnover |
|-------------------------|-------------------------------------|----------------------|
|                         | Beginning                           |                      |
| Public Housing          | 86                                  | 15                   |
| Section 8 Vouchers      | 115                                 | 25                   |
| Section 8 Certificates  |                                     |                      |
|                         | 0                                   | 0                    |
| Section 8 Mod Rehab     | 0                                   | 0                    |
| Special Purpose Section |                                     |                      |
| 8 Certificates/Vouchers |                                     |                      |
| (list individually)     | 0                                   | 0                    |
| Public Housing Drug     |                                     |                      |
| Elimination Program     |                                     |                      |
| (PHDEP)                 | 0                                   | 0                    |
|                         |                                     |                      |
|                         |                                     |                      |
| Other Federal           |                                     |                      |
| Programs(list           |                                     |                      |
| individually)           |                                     |                      |
|                         |                                     |                      |
|                         |                                     |                      |

| (00) | last | ono | ١ |
|------|------|-----|---|
| (SC) | lect | one | ) |

| An organization chart showing the PHA's management structure and organization is |
|----------------------------------------------------------------------------------|
| attached.                                                                        |

X A brief description of the management structure and organization of the PHA follows: The Dowagiac Housing Commission employs an Executive Director, Section 8 Housing Manager, Administrative Assistant, Maintenance Foreman, Part-time Mechanic and Part-time Custodian

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below) ACOP, Rent Collection, Procurement, Personnel, Pest Control, Maintenance Plan
- (2) Section 8 Management: (list below) Administrative Plan

| 6. PHA Grievance Procedures [24 CFR Part 903.7 9 (f)]                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.                                                                                                                                                                                     |
| <ul> <li>A. Public Housing</li> <li>1. Yes x No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?</li> </ul>                                                                                                        |
| If yes, list additions to federal requirements below:                                                                                                                                                                                                                                                                                 |
| <ul> <li>Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (Select all that apply)</li> <li>X PHA main administrative office</li> <li>PHA development management offices</li> <li>Other (list below)</li> </ul>                                                        |
| B. Section 8 Tenant-Based Assistance  1. Yes X No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982? |
| If yes, list additions to federal requirements below:                                                                                                                                                                                                                                                                                 |
| <ul> <li>Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (Select all that apply)</li> <li>X PHA main administrative office</li> <li>Other (list below)</li> </ul>                                                                                     |

### 7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

### (1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

| Select | one:                                                                                                                                             |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------|
|        | The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)                                |
| -or-   |                                                                                                                                                  |
| X      | The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here) |

### PHA Plan Table Library

# Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number MI33P120501-05 FFY of Grant Approval: (10/2005)

### X Original Annual Statement

| Line No. | Summary by Development Account                      | Total Estimated Cost |
|----------|-----------------------------------------------------|----------------------|
| 1        | Total Non-CGP Funds                                 |                      |
| 2        | 1406 Operations                                     | 10,840               |
| 3        | 1408 Management Improvements                        | 10,840               |
| 4        | 1410 Administration                                 | 10,840               |
| 5        | 1411 Audit                                          | 0                    |
| 6        | 1415 Liquidated Damages                             | 0                    |
| 7        | 1430 Fees and Costs                                 | 9,000                |
| 8        | 1440 Site Acquisition                               | 0                    |
| 9        | 1450 Site Improvement                               | 0                    |
| 10       | 1460 Dwelling Structures                            | 51,880               |
| 11       | 1465.1 Dwelling Equipment-Nonexpendable             | 0                    |
| 12       | 1470 Non-dwelling Structures                        |                      |
| 13       | 1475 Non-dwelling Equipment                         | 15,000               |
| 14       | 1485 Demolition                                     |                      |
| 15       | 1490 Replacement Reserve                            |                      |
| 16       | 1492 Moving to Work Demonstration                   |                      |
| 17       | 1495.1 Relocation Costs                             |                      |
| 18       | 1498 Mod Used for Development                       |                      |
| 19       | 1502 Contingency                                    |                      |
| 20       | <b>Amount of Annual Grant (Sum of lines 2-19)</b>   | 108,400              |
| 21       | Amount of line 20 Related to LBP Activities         |                      |
| 22       | Amount of line 20 Related to Section 504 Compliance |                      |
| 23       | Amount of line 20 Related to Security               |                      |
| 24       | Amount of line 20 Related to Energy Conservation    |                      |
|          | Measures                                            |                      |

### Annual Statement Capital Fund Program (CFP) Part II: Supporting Table

| Development        | General Description of Major Work | Development | Total     |
|--------------------|-----------------------------------|-------------|-----------|
| Number/Name        | Categories                        | Account     | Estimated |
| HA-Wide Activities | e e                               | Number      | Cost      |
| MI120 HA-WIDE      | OPERATIONS                        | 1406        | 10,840    |
| MI120 HA-WIDE      | MGMT IMPROVEMENTS – SOFT COSTS    | 1408        | 5,420     |
|                    | HARD COST                         |             | 5,420     |
| MI120 HA-WIDE      | MOD. COORDINATOR                  | 1410        | 10,840    |
| MI 120 HA-WIDE     | AUDIT                             | 1411        | 0         |
| MI120 HA-WIDE      | ARCHITECT SERVICES                | 1430        | 9,000     |
|                    |                                   |             |           |
| 02                 | InstallNew Kitch en Cabinets      | 1460        | 40,000    |
| 01                 | Repair/Replace Roofs              | 1460        | 11,880    |
| MI120 HA-WIDE      | Purchase Emergency Generator      | 1475        | 15,000    |
|                    |                                   |             |           |
|                    |                                   |             |           |
|                    | TOTAL                             |             | 108,400   |

### Annual Statement Capital Fund Program (CFP) Part III: Implementation Schedule

| Development<br>Number/Name<br>HA-Wide Activities | All Funds Obligated<br>(Quarter Ending Date) | All Funds Expended (Quarter Ending Date) |
|--------------------------------------------------|----------------------------------------------|------------------------------------------|
| MI120 HA-WIDE                                    | 09/30/07                                     | 09/30/08                                 |
| 001                                              | 09/30/07                                     | 09/30/08                                 |
| 002                                              | 09/30/07                                     | 09/30/08                                 |

### (2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

| a. X Y   | Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)                               |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| b. If ye | es to question a, select one:  The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name |
| -or-     |                                                                                                                                                   |

X The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

|                                                                                                                                                                    | Optional 5-Year Actio                      | n Plan Tables             |                            |                                                                              |                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------|----------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Development<br>Number                                                                                                                                              | Development Name<br>(or indicate PHA wide) | Number<br>Vacant<br>Units | % Vacancies in Development |                                                                              |                                                                                      |
| MI120-01 & 02                                                                                                                                                      | PHA-WIDE                                   | 5                         | 6%                         |                                                                              |                                                                                      |
| Description of Needed Physical Improvements or Management<br>Improvements                                                                                          |                                            |                           |                            | Estimated<br>Cost                                                            | Planned Start Date<br>(HA Fiscal Year)                                               |
| OPERATION SUPPLEMENT MANAGEMENT IMPROVEMENTS/SOFT COSTS MANAGEMENT IMPROVEMENTS/HARD COSTS ADMINISTRATION AUDIT FEES AND COSTS TRUCK WITH PLOW EMERGENCY GENERATOR |                                            |                           |                            | 60,500<br>30,000<br>25,000<br>60,000<br>10,000<br>22,400<br>25,000<br>20,000 | 10/2005<br>10/2005<br>10/2005<br>10/2005<br>10/2005<br>10/2005<br>10/2005<br>10/2005 |
| Total estimated cost over next 5 years                                                                                                                             |                                            |                           |                            | 252,900                                                                      |                                                                                      |
|                                                                                                                                                                    |                                            |                           |                            |                                                                              |                                                                                      |

|                                                                 | Optional 5-Year Action I                   | Plan Tables               |                            |                   |                                        |
|-----------------------------------------------------------------|--------------------------------------------|---------------------------|----------------------------|-------------------|----------------------------------------|
| Development<br>Number                                           | Development Name<br>(or indicate PHA wide) | Number<br>Vacant<br>Units | % Vacancies in Development |                   |                                        |
| MI120-001                                                       | PARKSIDE TOWNHOUSES                        | 2                         | 8%                         |                   |                                        |
|                                                                 |                                            |                           |                            | Estimated<br>Cost | Planned Start Date<br>(HA Fiscal Year) |
| REPAIR OR REPLACE ROOFS ON 14 BLDGS.                            |                                            |                           |                            | 49,000            | 10/2006                                |
| INSTALL LIGHT FIXTURES IN LIVING ROOMS & MASTER BEDROOMS  8,000 |                                            |                           |                            | 8,000             | 10/2006                                |

| 10/2006 |
|---------|
| 10/2000 |
| 10/2007 |
| 10/2008 |
|         |
| 10/2009 |
|         |
|         |
| _<br>   |

|                                                     | Optional 5-Year Actio           | n Plan Tables     |        |           |                    |  |
|-----------------------------------------------------|---------------------------------|-------------------|--------|-----------|--------------------|--|
| Development                                         | <b>Development Name</b>         | Number            | % Va   | cancies   |                    |  |
| Number                                              | (or indicate PHA wide)          | Vacant            | in Dev | elopment  |                    |  |
|                                                     |                                 | Units             |        |           |                    |  |
| MI120-002                                           | CHESTNUT TOWERS                 | 3                 | 4%     |           |                    |  |
| Description of Ne                                   | eded Physical Improvements or M | <b>Management</b> |        | Estimated | Planned Start Date |  |
| Improvements                                        |                                 | _                 |        | Cost      | (HA Fiscal Year)   |  |
| REPLACE CAR                                         | PET IN OFFICE, CONFERENCI       | E ROOM, OTH       | ER     | 25,000    | 10/2006            |  |
| OFFICE AND L                                        | IBRARY                          |                   |        |           |                    |  |
| INSTALL NEW KITCHEN CABINETS IN 60 UNITS            |                                 |                   |        | 60,000    | 10/2006            |  |
| INSTALL NEW CARPET IN LIVING ROOM AND BEDROOM OF 60 |                                 |                   |        | 60,000    | 10/2006            |  |
| UNITS                                               | UNITS                           |                   |        |           |                    |  |
| INSTALL KITCHEN CABINET LIGHTING 60 UNITS 6,000     |                                 |                   |        |           | 10/2007            |  |
| INSTALL BEDROOM CEILING FANS IN 60 UNITS 3,000      |                                 |                   |        |           | 10/2007            |  |
| INSTALL COMMON AREA FURNITURE ON 6 FLOORS 30        |                                 |                   |        | 30,000    | 10/2008            |  |
| REPLACE TILE                                        | IN BATH, KITCHEN & HALL         | 60 UNITS          |        | 30,000    | 10/2009            |  |
| Total estimated c                                   | ost over next 5 years           |                   |        | 214,000   |                    |  |

## **B.** HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

|                           | ponent 7B: All PHAs administering public housing. Identify any approved HOPE VI relopment or replacement activities not described in the Capital Fund Program Annual                                                                                                               |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           |                                                                                                                                                                                                                                                                                    |
|                           | Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  Status of HOPE VI revitalization grant (complete one set of questions for each grant) |
| 1. Dev                    | relopment name:                                                                                                                                                                                                                                                                    |
|                           | relopment (project) number:                                                                                                                                                                                                                                                        |
|                           | us of grant: (select the statement that best describes the current status)  Revitalization Plan under development Revitalization Plan submitted, pending approval                                                                                                                  |
|                           | Revitalization Plan approved                                                                                                                                                                                                                                                       |
|                           | Activities pursuant to an approved Revitalization Plan underway                                                                                                                                                                                                                    |
| Yes X No: c)              | Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?                                                                                                                                                                                                    |
|                           | If yes, list development name/s below:                                                                                                                                                                                                                                             |
| Yes X No: d)              | Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  If yes, list developments or activities below:                                                                                                                          |
| Yes X No: e)              | Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?                                                                                                                              |
|                           | If yes, list developments or activities below:                                                                                                                                                                                                                                     |
| 8. Demolition an          |                                                                                                                                                                                                                                                                                    |
| [24 CFR Part 903.7 9 (h)] | nt 8: Section 8 only PHAs are not required to complete this section.                                                                                                                                                                                                               |
| Applicability of compone  | int 8. Section 8 only FIFAs are not required to complete this section.                                                                                                                                                                                                             |
| 1. Yes X No:              | Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)        |

| 2. Activity Description               | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes No:                               | Has the PHA provided the activities description information in the <b>optional</b> Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                       | Demolition/Disposition Activity Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1a. Development nam                   | ne:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1b. Development (pro                  | oject) number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2. Activity type: Den                 | nolition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Dispos                                | sition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3. Application status                 | (select one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Approved                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                                     | nding approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Planned applie                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11                                    | opproved, submitted, or planned for submission: (DD/MM/YY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5. Number of units af                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. Coverage of action                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Part of the develor Total development | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 7. Timeline for activ                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                       | rojected start date of activity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| -                                     | nd date of activity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Families with</b>                  | Fublic Housing for Occupancy by Elderly Families or Disabilities or Elderly Families and Families with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Disabilities</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| [24 CFR Part 903.7 9 (i)]             | nent 9; Section 8 only PHAs are not required to complete this section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Exemptions from Compon                | ient ), Section 6 only 111As are not required to complete this section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1. X Yes No:                          | Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.) |

| 2. Activity Description                   | on                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes X No:                                 | Has the PHA provided all required activity description information for this component in the <b>optional</b> Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.                                                                                                                                                                    |
| Des                                       | ignation of Public Housing Activity Description                                                                                                                                                                                                                                                                                                                                                                |
| 1a. Development nam                       | e: CHESTNUT TOWERS                                                                                                                                                                                                                                                                                                                                                                                             |
| _                                         | oject) number: MI120-002                                                                                                                                                                                                                                                                                                                                                                                       |
| 2. Designation type:                      |                                                                                                                                                                                                                                                                                                                                                                                                                |
| Occupancy by                              | only the elderly X                                                                                                                                                                                                                                                                                                                                                                                             |
| Occupancy by                              | families with disabilities                                                                                                                                                                                                                                                                                                                                                                                     |
| Occupancy by                              | only elderly families and families with disabilities                                                                                                                                                                                                                                                                                                                                                           |
| 3. Application status (                   | ` '                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                           | eluded in the PHA's Designation Plan                                                                                                                                                                                                                                                                                                                                                                           |
|                                           | nding approval                                                                                                                                                                                                                                                                                                                                                                                                 |
| Planned applic                            |                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                           | on approved, submitted, or planned for submission: (09/30/2005)                                                                                                                                                                                                                                                                                                                                                |
|                                           | nis designation constitute a (select one)                                                                                                                                                                                                                                                                                                                                                                      |
| X New Designation I                       |                                                                                                                                                                                                                                                                                                                                                                                                                |
| _                                         | viously-approved Designation Plan?                                                                                                                                                                                                                                                                                                                                                                             |
| 6. Number of units a                      |                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7. Coverage of action  Part of the develo | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                          |
| X Total development                       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                       |
| A Total development                       | •                                                                                                                                                                                                                                                                                                                                                                                                              |
| [24 CFR Part 903.7 9 (j)]                 | Public Housing to Tenant-Based Assistance                                                                                                                                                                                                                                                                                                                                                                      |
| Exemptions from Compor                    | nent 10; Section 8 only PHAs are not required to complete this section.                                                                                                                                                                                                                                                                                                                                        |
| A. Assessments of R<br>HUD Approp         | deasonable Revitalization Pursuant to section 202 of the HUD FY 1996 oriations Act                                                                                                                                                                                                                                                                                                                             |
| 1. Yes X No:                              | Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.) |

2. Activity Description

| cor                         | s the PHA provided all required activity description information for this mponent in the <b>optional</b> Public Housing Asset Management Table? If |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| =                           | es", skip to component 11. If "No", complete the Activity Description le below.                                                                    |
| Convers                     | ion of Public Housing Activity Description                                                                                                         |
| 1a. Development name:       |                                                                                                                                                    |
| 1b. Development (project    |                                                                                                                                                    |
| 2. What is the status of th | <u>*</u>                                                                                                                                           |
| Assessment u                |                                                                                                                                                    |
| l <b>==</b>                 | esults submitted to HUD esults approved by HUD (if marked, proceed to next                                                                         |
| question)                   | suits approved by ITOD (II marked, proceed to next                                                                                                 |
| Other (explain              | ı below)                                                                                                                                           |
| 3. Yes No: Is a C block 5.) | Conversion Plan required? (If yes, go to block 4; if no, go to                                                                                     |
| 4. Status of Conversion F   | Plan (select the statement that best describes the current                                                                                         |
| status)                     |                                                                                                                                                    |
|                             | lan in development                                                                                                                                 |
| <u> </u>                    | an submitted to HUD on: (DD/MM/YYYY)                                                                                                               |
|                             | lan approved by HUD on: (DD/MM/YYYY)                                                                                                               |
| Activities pur              | suant to HUD-approved Conversion Plan underway                                                                                                     |
| 5. Description of how rec   | quirements of Section 202 are being satisfied by means other                                                                                       |
| than conversion (select or  | ne)                                                                                                                                                |
|                             | ed in a pending or approved demolition application (date omitted or approved:                                                                      |
|                             | ed in a pending or approved HOPE VI demolition application te submitted or approved:                                                               |
| Units addresse              | ed in a pending or approved HOPE VI Revitalization Plan te submitted or approved:                                                                  |
| <u> </u>                    | no longer applicable: vacancy rates are less than 10 percent                                                                                       |
|                             | no longer applicable: site now has less than 300 units                                                                                             |
| Other: (descri              | be below)                                                                                                                                          |
|                             |                                                                                                                                                    |
| D. Dogowyod for Conver      | rsions pursuant to Section 22 of the U.S. Housing Act of 1937                                                                                      |
| b. Reserved for Conver      | sions pursuant to Section 22 of the U.S. Housing Act of 1937                                                                                       |
|                             |                                                                                                                                                    |
| C. Reserved for Conver      | rsions pursuant to Section 33 of the U.S. Housing Act of 1937                                                                                      |

# 11. Homeownership Programs Administered by the PHA [24 CFR Part 903.7 9 (k)]

| A. Public Housing            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Exemptions from Compon       | nent 11A: Section 8 only PHAs are not required to complete 11A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
| 1. Yes X No:                 | Does the PHA administer any homeownership programs administered the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437c has the PHA applied or plan to apply to administer any homeowners programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to <b>small PHA</b> or <b>high performing PHA</b> status. PH completing streamlined submissions may skip to component 11B.) | 42<br>aaa) or<br>hip<br>he |
| 2. Activity Description      | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |
| Yes No:                      | Has the PHA provided all required activity description information for component in the <b>optional</b> Public Housing Asset Management Table "yes", skip to component 12. If "No", complete the Activity Descriptable below.)                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e? (If                     |
| Pub                          | lic Housing Homeownership Activity Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ]                          |
|                              | (Complete one for each development affected)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| 1a. Development nam          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
| 1b. Development (pro         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _                          |
| 2. Federal Program at HOPE I |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
| 3. Application status:       | (select one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                          |
| Submitted                    | l; included in the PHA's Homeownership Plan/Program<br>d, pending approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
| <del></del>                  | hip Plan/Program approved, submitted, or planned for submission:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
| 5. Number of units a         | affected:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |
| 6. Coverage of actio         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
| Part of the develo           | opment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |

| Total developme                               | ent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| B. Section 8 Ten                              | ant Based Assistance                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1. Yes X No:                                  | Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. <b>High performing PHAs</b> may skip to component 12.) |
| 2. Program Descrip                            | tion:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| a. Size of Program  Yes No:                   | Will the PHA limit the number of families participating in the section 8 homeownership option?                                                                                                                                                                                                                                                                                                                                                               |
| participants? 25 or 26 - 5                    | to the question above was yes, which statement best describes the number of (Select one) fewer participants for participants 100 participants than 100 participants                                                                                                                                                                                                                                                                                          |
| 8                                             | eligibility criteria<br>Il the PHA's program have eligibility criteria for participation in its Section<br>8 Homeownership Option program in addition to HUD criteria?<br>If yes, list criteria below:                                                                                                                                                                                                                                                       |
| [24 CFR Part 903.7 9 (1) Exemptions from Comp | unity Service and Self-sufficiency Programs  onent 12: High performing and small PHAs are not required to complete this component.  e not required to complete sub-component C.                                                                                                                                                                                                                                                                              |
| A. PHA Coordinat                              | tion with the Welfare (TANF) Agency                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                               | ements: the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?                                                                                                                                                                                                                                                      |
| ]                                             | If yes, what was the date that agreement was signed? DD/MM/YY                                                                                                                                                                                                                                                                                                                                                                                                |

| 2. O X | Client referrals Information sharing Coordinate the pre- eligible families Jointly administer Partner to administ | forts between the PHA and TANF agency (select all that apply)  ng regarding mutual clients (for rent determinations and otherwise rovision of specific social and self-sufficiency services and programs ster a HUD Welfare-to-Work voucher program ion of other demonstration program                                                                                                                                  |              |
|--------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| В. \$  | Services and progra<br>(1) General                                                                                | ams offered to residents and participants                                                                                                                                                                                                                                                                                                                                                                               |              |
|        | _                                                                                                                 | cy Policies the following discretionary policies will the PHA employ to enhancial self-sufficiency of assisted families in the following areas? (see                                                                                                                                                                                                                                                                    |              |
|        | X Public hou X Section 8 a Preference Preference for non-ho Preference Preference                                 | using rent determination policies using admissions policies admissions policies e in admission to section 8 for certain public housing families es for families working or engaging in training or education programs programs operated or coordinated by the PHA e/eligibility for public housing homeownership option participation e/eligibility for section 8 homeownership option participation icies (list below) |              |
|        | b. Economic and                                                                                                   | Social self-sufficiency programs                                                                                                                                                                                                                                                                                                                                                                                        |              |
|        | Yes X No:                                                                                                         | Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? "yes", complete the following table; if "no" skip to sub-compo Family Self Sufficiency Programs. The position of the table maltered to facilitate its use.)                                                                                                                                  | (If enent 2, |

|                                                                 | Serv              | vices and Progra                                                          | ms                                                                           |                                                                |
|-----------------------------------------------------------------|-------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------|
| Program Name & Description (including location, if appropriate) | Estimated<br>Size | Allocation Method (waiting list/random selection/specific criteria/other) | Access<br>(development office /<br>PHA main office /<br>other provider name) | Eligibility (public housing or section 8 participants or both) |
| (2) Family Self Sufficiency p                                   | rogram/s          |                                                                           |                                                                              |                                                                |

| a. Participation Description                |                                                             |                                                    |  |  |
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|--|--|
| Family Self Sufficiency (FSS) Participation |                                                             |                                                    |  |  |
| Program                                     | Required Number of Participants (start of FY 2005 Estimate) | Actual Number of Participants<br>(As of: DD/MM/YY) |  |  |
| Public Housing                              |                                                             |                                                    |  |  |

| b. Yes No: | If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size? If no, list steps the PHA will take below: |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                                                                                                                                                                                                                                               |

### C. Welfare Benefit Reductions

Other: (list below)

Section 8

| 1. | The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing |
|----|-------------------------------------------------------------------------------------------|
|    | Act of 1937 (relating to the treatment of income changes resulting from welfare program   |
|    | requirements) by: (select all that apply)                                                 |

|   | Adopting appropriate changes to the PHA's public housing rent determination policies   |
|---|----------------------------------------------------------------------------------------|
|   | and train staff to carry out those policies                                            |
|   | Informing residents of new policy on admission and reexamination                       |
|   | Actively notifying residents of new policy at times in addition to admission and       |
|   | reexamination.                                                                         |
|   | Establishing or pursuing a cooperative agreement with all appropriate TANF agencies    |
|   | regarding the exchange of information and coordination of services                     |
| X | Establishing a protocol for exchange of information with all appropriate TANE agencies |

# D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Dowagiac Housing Commission Public Housing Lease. The following requirements of the program must be done: The eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The housing commission will make the determination of whether to allow or disallow a deviation from the schedule. Exempt Adult – an adult member of the family who: Is 62 or older; has a disability that prevents him/her from being gainfully employed or is the caretaker of a disabled person.

#### 13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### A. Need for measures to ensure the safety of public housing residents

| 1. | Describe the need for measures to ensure the safety of public housing residents (select all that |
|----|--------------------------------------------------------------------------------------------------|
|    | apply)                                                                                           |
|    | High incidence of violent and/or drug-related crime in some or all of the PHA's                  |
|    | developments                                                                                     |
|    | High incidence of violent and/or drug-related crime in the areas surrounding or adjacent         |
|    | to the PHA's developments                                                                        |
|    | Residents fearful for their safety and/or the safety of their children                           |
|    | Observed lower-level crime, vandalism and/or graffiti                                            |
|    | People on waiting list unwilling to move into one or more developments due to perceived          |
|    | and/or actual levels of violent and/or drug-related crime                                        |
| X  | Other (describe below) Working closely with the Dowagiac Police Department though                |
|    | participation in the Multi-Family Crime Prevention Program, increased patrol                     |
|    | presence and effective lease enforcement.                                                        |
|    |                                                                                                  |
| 2. | What information or data did the PHA used to determine the need for PHA actions to improve       |
|    | safety of residents (select all that apply).                                                     |
|    |                                                                                                  |
|    | Safety and security survey of residents                                                          |
|    | Analysis of crime statistics over time for crimes committed "in and around" public               |
|    | housing authority                                                                                |
|    | Analysis of cost trends over time for repair of vandalism and removal of graffiti                |
| X  | Resident reports                                                                                 |

| <ul> <li>□ PHA employee reports</li> <li>X Police reports</li> <li>□ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs</li> <li>□ Other (describe below)</li> <li>3. Which developments are most affected? (list below)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHESTNUT TOWERS AND PARKSIDE TOWNHOUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in<br>the next PHA fiscal year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul> <li>Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities</li> <li>Crime Prevention through Environmental Design</li> <li>Activities targeted to at-risk youth, adults, or seniors</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul> <li>Volunteer Resident Patrol/Block Watchers Program</li> <li>Other (describe below) WORKING CLOSER WITH DOWAGIAC POLICE DEPARTMENT</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2. Which developments are most affected? (list below)  CHESTNUT TOWERS AND PARKSIDE TOWNHOUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| C. Coordination between PHA and the police                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Police involvement in development, implementation, and/or ongoing evaluation of drug- elimination plan Police provide crime data to housing authority staff for analysis and action Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence) Police regularly testify in and otherwise support eviction cases Police regularly meet with the PHA management and residents Agreement between PHA and local law enforcement agency for provision of above- baseline law enforcement services Other activities (list below)  Mich developments are most affected? (list below) |
| <b>D.</b> Additional information as required by PHDEP/PHDEP Plan PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? |
|------------------------------------------------------------------------------------------------------|
| Yes No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?                            |
| Yes No: This PHDEP Plan is an Attachment. (Attachment Filename:)                                     |
|                                                                                                      |
| 14. RESERVED FOR PET POLICY                                                                          |
| [24 CFR Part 903.7 9 (n)]                                                                            |
| The Dowagiac Housing Commission Pet Policy is available for public review at                         |
| the Housing Commission's administrative office during normal business hours.                         |
| The following statements are a summary of the reasonable guidelines of the pet                       |
|                                                                                                      |
| policy.                                                                                              |
| 1. Only one (1) pet per apartment.                                                                   |
| 2. Only the following pets are allowed: dogs (1) 20 lbs. maximum weight; cats                        |
| (1) 20 lbs. maximum weight; birds (2); fish, maximum tank size 20 lbs.;                              |
| turtles and rodents (1), gerbil, hamster, guinea pig or rabbit.                                      |
| 3. There is a pet deposit of \$100                                                                   |
| 4. All dogs and cats must be kept under control by the owner                                         |
| 5. Visiting pets are prohibited with the exception of Seeing Eye dogs                                |
| 6. All dogs and cats must be properly vaccinated and kept in good health                             |
| o. An dogs and eats must be property vaccinated and kept in good hearting                            |
| 15 C'-1 D'-1-4 C4'                                                                                   |
| 15. Civil Rights Certifications                                                                      |
| [24 CFR Part 903.7 9 (o)]                                                                            |
| Civil rights certifications are included in the PHA Plan Certifications of Compliance with the       |
| PHA Plans and Related Regulations.                                                                   |
| 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                                                              |
| 16. Fiscal Audit                                                                                     |
| [24 CFR Part 903.7 9 (p)]                                                                            |
|                                                                                                      |
| 1. X Yes No: Is the PHA required to have an audit conducted under section                            |
| 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))?                                        |
| (If no, skip to component 17.)                                                                       |
| 2. X Yes No: Was the most recent fiscal audit submitted to HUD?                                      |
| 3. Yes X No: Were there any findings as the result of that audit?                                    |
| 4. Yes No: If there were any findings, do any remain unresolved?                                     |
| If yes, how many unresolved findings remain?                                                         |
| 5. Wes No: Have responses to any unresolved findings been submitted to HUD?                          |
| If not, when are they due (state below)?                                                             |

# 17. PHA Asset Management [24 CFR Part 903.7 9 (q)]

| ntions from component 17: Section 8 Only PHAs are not required to complete this component. High ming and small PHAs are not required to complete this component.                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes X No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have <b>not</b> been addressed elsewhere in this PHA Plan? |
| That types of asset management activities will the PHA undertake? (select all that apply)  Not applicable  Private management  Development-based accounting  Comprehensive stock assessment  Other: (list below)                                                                                                                                |
| Yes X No: Has the PHA included descriptions of asset management activities in the <b>optional</b> Public Housing Asset Management Table?                                                                                                                                                                                                        |
| Other Information ER Part 903.7 9 (r)]                                                                                                                                                                                                                                                                                                          |
| esident Advisory Board Recommendations                                                                                                                                                                                                                                                                                                          |
| Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?                                                                                                                                                                                                                                                    |
| yes, the comments are: (if comments were received, the PHA <b>MUST</b> select one) Attached at Attachment (File name) Provided below: The Resident Advisory Board requested new kitchen cabinets with lights underneath, carpet, ceiling fans and lights in the living room and master bedroom. of the family units                             |
| what manner did the PHA address those comments? (Select all that apply) Considered comments, but determined that no changes to the PHA Plan were necessary. The PHA changed portions of the PHA Plan in response to comments List changes below:                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                 |

| b. De            | scription of Elec                                     | tion process for Residents on the PHA Board                                                                                                                                                                                                                    |
|------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. X Y           | Yes No:                                               | Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)                                                                                           |
| 2. X Y           | Yes No:                                               | Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)                                                                                                                       |
| 3. Des           | scription of Resid                                    | ent Election Process                                                                                                                                                                                                                                           |
| a. Non<br>X<br>X | Candidates were<br>Candidates coul<br>Self-nomination | dates for place on the ballot: (select all that apply) e nominated by resident and assisted family organizations d be nominated by any adult recipient of PHA assistance : Candidates registered with the PHA and requested a place on ballot ) MAYOR APPOINTS |
| b. Elig          | Any head of hou<br>Any adult recipi                   | (select one) PHA assistance asehold receiving PHA assistance ent of PHA assistance oer of a resident or assisted family organization                                                                                                                           |
| X                | assistance) Representatives Other (list)              | et all that apply) Ints of PHA assistance (public housing and section 8 tenant-based of all PHA resident and assisted family organizations  Instency with the Consolidated Plan                                                                                |
|                  |                                                       | lated Plan, make the following statement (copy questions as many times as necessary).                                                                                                                                                                          |
| 1. Co            | nsolidated Plan ju                                    | risdiction: State of Michigan                                                                                                                                                                                                                                  |
|                  |                                                       | the following steps to ensure consistency of this PHA Plan with the r the jurisdiction: (select all that apply)                                                                                                                                                |
| X                |                                                       | sed its statement of needs of families in the jurisdiction on the needs Consolidated Plan/s.                                                                                                                                                                   |
| X                | The PHA has pa                                        | articipated in any consultation process organized and offered by the an agency in the development of the Consolidated Plan.                                                                                                                                    |
|                  |                                                       | onsulted with the Consolidated Plan agency during the development of                                                                                                                                                                                           |

|          | Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below) |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------|
|          | Other: (list below)                                                                                                                            |
| 4. The   | e Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)                     |
| D. Ot    | her Information Required by HUD                                                                                                                |
| Use this | s section to provide any additional information requested by HIID                                                                              |

### <u>Definition of "Substantial Deviation" and Significant Amendment or</u> Modification"

PHAs must define the terms "Substantial Deviation" and Significant Amendment or Modification" by stating the basic criteria for such definitions in an annual plan that has met full public process and Resident Advisory Board review.

Until the PHA has met the requirement to define "significant amendments or modification, "HUD will consider the following actions to be significant amendment or modification".

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items (not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the capital fund;
- Additions of new activities not included in any current HUD-funded program such as PHDEP or EDSS;
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any exception to this definition will be made for any of the above activities that are adopted to reflect changes in HUD regulatory requirements. Such changes will not be considered amendments by HUD.

### **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

### **Five-Year Plan mission and goals**

The Dowagiac Housing Commission is progressing at a good pace to meet the mission and goals of our Five-Year Plan. There are only a few items left on the first plan to be accomplished.

### **Resident Board Member**

Ms. Ruth Johnson is presently the Resident Board Member. Her term will expire in August of 2005. We are in the process of electing a new Resident Board Member.

### **Resident Advisory Board**

The following residents are a part of the advisory board: Ruth Johnson, John Simmons, Grover Jordan, William Elliott, Barbara Rank, Lisa Roddy, Debbie Anderson, JoAnn Watkins, Peggy Ward and Pauline Carter.

| Ann   | ual Statement/Performance and Eva                | luation Report        |                              |                   |                      |  |  |
|-------|--------------------------------------------------|-----------------------|------------------------------|-------------------|----------------------|--|--|
| Cap   | ital Fund Program and Capital Fund               | l Program Replacei    | ment Housing Facto           | or (CFP/CFPRHF) I | Part I: Summary      |  |  |
|       | Jame: DOWAGIAC HOUSING COMMISSION                | Grant Type and Number | r<br>rant No: MI33P120501-03 |                   | Federal FY of Grant: |  |  |
| Origi | nal Annual Statement Reserve for Disasters/ Em   |                       |                              | )                 |                      |  |  |
|       | formance and Evaluation Report for Period Ending |                       | Performance and Evaluati     |                   |                      |  |  |
| Line  | Summary by Development Account                   | Total 1               | Estimated Cost               | Tota              | l Actual Cost        |  |  |
| No.   |                                                  |                       |                              |                   |                      |  |  |
|       |                                                  | Original              | Revised                      | Obligated         | Expended             |  |  |
| 1     | Total non-CFP Funds                              |                       |                              |                   |                      |  |  |
| 2     | 1406 Operations                                  | 9,659                 | 9,600                        | 9,600             | 9,600                |  |  |
| 3     | 1408 Management Improvements                     | 10,000                | 19,318                       | 19,318            | 19,318               |  |  |
| 4     | 1410 Administration                              | 9,600                 | 9,659                        | 9,659             | 9,659                |  |  |
| 5     | 1411 Audit                                       | 1,000                 | 1,000                        | 1,000             | 1,000                |  |  |
| 6     | 1415 Liquidated Damages                          |                       |                              |                   |                      |  |  |
| 7     | 1430 Fees and Costs                              | 9,000                 | 5,190                        | 5,190             | 5,190                |  |  |
| 8     | 1440 Site Acquisition                            |                       |                              |                   |                      |  |  |
| 9     | 1450 Site Improvement                            | 5,000                 | 7,713.05                     | 7,713.05          | 7,713.05             |  |  |
| 10    | 1460 Dwelling Structures                         | 37,333                | 26,167.09                    | 26,167.09         | 6,942.71             |  |  |
| 11    | 1465.1 Dwelling Equipment—Nonexpendable          | 15,000                | 15,000                       | 15,000            | 15,000               |  |  |
| 12    | 1470 Non-dwelling Structures                     |                       |                              |                   |                      |  |  |
| 13    | 1475 Non-dwelling Equipment                      |                       | 2,944.86                     | 2,944.86          | 2,944.86             |  |  |
| 14    | 1485 Demolition                                  |                       |                              |                   |                      |  |  |
| 15    | 1490 Replacement Reserve                         |                       |                              |                   |                      |  |  |
| 16    | 1492 Moving to Work Demonstration                |                       |                              |                   |                      |  |  |
| 17    | 1495.1 Relocation Costs                          |                       |                              |                   |                      |  |  |
| 18    | 1499 Development Activities                      |                       |                              |                   |                      |  |  |
| 19    | 1501 Collectivization or Debt Service            |                       |                              |                   |                      |  |  |
| 20    | 1502 Contingency                                 |                       |                              |                   |                      |  |  |
| 21    | Amount of Annual Grant: (sum of lines 2 – 20)    | 96,592                | 96,592                       | 96,592.00         | 77,367.62            |  |  |
| 22    | Amount of line 21 Related to LBP Activities      |                       |                              |                   |                      |  |  |

| Ann                                          | Annual Statement/Performance and Evaluation Report                                                                               |                         |                            |           |            |  |  |  |  |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------|-----------|------------|--|--|--|--|
| Cap                                          | Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary                            |                         |                            |           |            |  |  |  |  |
| PHA N                                        | PHA Name: DOWAGIAC HOUSING COMMISSION  Grant Type and Number Capital Fund Program Grant No: MI33P120501-03  Federal FY of Grant: |                         |                            |           |            |  |  |  |  |
| Replacement Housing Factor Grant No: 10/2003 |                                                                                                                                  |                         |                            |           |            |  |  |  |  |
| Origi                                        | Original Annual Statement Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 1)                         |                         |                            |           |            |  |  |  |  |
| X Per                                        | formance and Evaluation Report for Period Ending: 9/                                                                             | <b>30/04</b> ☐ Final Pe | rformance and Evaluation l | Report    |            |  |  |  |  |
| Line                                         | Summary by Development Account                                                                                                   | Total Esti              | mated Cost                 | Total A   | ctual Cost |  |  |  |  |
| No.                                          |                                                                                                                                  |                         |                            |           |            |  |  |  |  |
|                                              |                                                                                                                                  | Original                | Revised                    | Obligated | Expended   |  |  |  |  |
| 23                                           | Amount of line 21 Related to Section 504 compliance                                                                              |                         |                            |           |            |  |  |  |  |
| 24                                           | Amount of line 21 Related to Security – Soft Costs                                                                               |                         |                            |           |            |  |  |  |  |
| 25                                           | Amount of Line 21 Related to Security – Hard Costs                                                                               |                         |                            |           |            |  |  |  |  |
| 26                                           | Amount of line 21 Related to Energy Conservation Measures                                                                        |                         |                            |           |            |  |  |  |  |

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

| PHA Name: Dowagiac Housing Commission      |                                                 |               | gram Grant No: MI               | Federal FY of        | Grant: 10/2003 |                    |                   |                   |
|--------------------------------------------|-------------------------------------------------|---------------|---------------------------------|----------------------|----------------|--------------------|-------------------|-------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work<br>Categories | Dev. Acct No. | sing Factor Grant N<br>Quantity | Total Estimated Cost |                | Total Actual Cost  |                   | Status of<br>Work |
| Activities                                 |                                                 |               |                                 | Original             | Revised        | Funds<br>Obligated | Funds<br>Expended |                   |
| HA-WIDE                                    | OPERATIONS                                      | 1406          |                                 | 9,659                | 9,600          | 9,600              | 9,600             |                   |
| HA-WIDE                                    | MANAGEMENT IMPROVEMENTS                         | 1408          |                                 | 10,000               | 19,318         | 19,318             | 19,318            |                   |
| HA-WIDE                                    | ADMINISTRATION                                  | 1410          |                                 | 9,600                | 9,659          | 9,659              | 9,659             |                   |
| HA-WIDE                                    | AUDIT                                           | 1411          |                                 | 1,000                | 1,000          | 1,000              | 1,000             |                   |
| HA-WIDE                                    | FEES & COSTS                                    | 1430          |                                 | 9,000                | 5,190          | 5,190              | 5,190             |                   |
| HA-WIDE                                    | SITE IMPROVEMENTS                               | 1450          |                                 | 5,000                | 7,713.05       | 7,713.05           | 7,713.05          |                   |
| HA-WIDE                                    | DWELLING STRUCTURES                             | 1460          |                                 | 37,333               | 26,167.09      | 26,167.09          | 6,942.71          |                   |
| HA-WIDE                                    | DWELLING EQUIPMENT                              | 1465          |                                 | 15,000               | 15,000         | 15,000             | 15,000            |                   |
| HA-WIDE                                    | NON-DWELLING EQUIPMENT                          | 1475          |                                 |                      | 2,944.86       | 2,944.86           | 2,944.86          |                   |
|                                            |                                                 |               |                                 |                      |                |                    |                   |                   |
|                                            |                                                 |               |                                 |                      |                |                    |                   |                   |
|                                            |                                                 |               |                                 |                      |                |                    |                   |                   |
|                                            |                                                 |               |                                 |                      |                |                    |                   |                   |
|                                            |                                                 |               |                                 |                      |                |                    |                   |                   |
|                                            |                                                 |               |                                 |                      |                |                    |                   |                   |
|                                            |                                                 |               |                                 |                      |                |                    |                   |                   |
|                                            |                                                 |               |                                 |                      |                |                    |                   |                   |

| PHA Name:                                        |                                             |         | Type and Nur   |               |                                         | Federal FY of Grant: 10/2003     |  |
|--------------------------------------------------|---------------------------------------------|---------|----------------|---------------|-----------------------------------------|----------------------------------|--|
|                                                  |                                             | Capit   | al Fund Progra | m No: MI33P12 | 0501-03                                 |                                  |  |
| DOWAGIAC HOUSING                                 | COMMISSION                                  | Repla   | acement Housin | g Factor No:  |                                         |                                  |  |
| Development Number<br>Name/HA-Wide<br>Activities | All Fund Obligated<br>(Quarter Ending Date) |         |                |               | ll Funds Expended<br>warter Ending Date | Reasons for Revised Target Dates |  |
|                                                  | Original                                    | Revised | Actual         | Original      | Revised                                 | Actual                           |  |
| HA-WIDE                                          | 09/30/05                                    |         | 09/30/05       | 09/30/06      |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |
|                                                  |                                             |         |                |               |                                         |                                  |  |

| Ann  | ual Statement/Performance and Eval                         | luation Report               |                           |               |                      |  |
|------|------------------------------------------------------------|------------------------------|---------------------------|---------------|----------------------|--|
| Cap  | ital Fund Program and Capital Fund                         | Program Replacemen           | nt Housing Factor (       | CFP/CFPRHF) P | art I: Summary       |  |
|      | ame: DOWAGIAC HOUSING COMMISSION                           | Grant Type and Number        |                           | · ·           | Federal FY of Grant: |  |
|      |                                                            | Capital Fund Program Grant N |                           |               |                      |  |
|      |                                                            | Replacement Housing Factor ( |                           |               | 10/2004              |  |
|      | ginal Annual Statement $\square$ Reserve for Disasters/ En |                              |                           |               |                      |  |
|      | formance and Evaluation Report for Period Ending           | I                            | formance and Evaluation I |               |                      |  |
| Line |                                                            |                              |                           |               |                      |  |
| No.  |                                                            | Original                     | Revised                   | Obligated     | Expended             |  |
| 1    | Total non-CFP Funds                                        | Original                     | AC VISCU                  | Obligated     | Zapended             |  |
|      | 1406 Operations                                            | 79,121                       | 11,303                    | 11,303        | 11,303               |  |
| 3 4  | 1408 Management Improvements                               | 22,606                       | 22,606                    | 22,606        | 22,606               |  |
| 4    | 1410 Administration                                        | 11,303                       | 11,3030                   | 11,303        | 11,303               |  |
| 5    | 1411 Audit                                                 |                              |                           |               |                      |  |
| 6    | 1415 Liquidated Damages                                    |                              |                           |               |                      |  |
| 7    | 1430 Fees and Costs                                        |                              | 5,000                     |               |                      |  |
| 8    | 1440 Site Acquisition                                      |                              |                           |               |                      |  |
| 9    | 1450 Site Improvement                                      |                              | 10,000                    |               |                      |  |
| 10   | 1460 Dwelling Structures                                   |                              | 52,818                    |               |                      |  |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                    |                              |                           |               |                      |  |
| 12   | 1470 Non-dwelling Structures                               |                              |                           |               |                      |  |
| 13   | 1475 Non-dwelling Equipment                                |                              |                           |               |                      |  |
| 14   | 1485 Demolition                                            |                              |                           |               |                      |  |
| 15   | 1490 Replacement Reserve                                   |                              |                           |               |                      |  |
| 16   | 1492 Moving to Work Demonstration                          |                              |                           |               |                      |  |
| 17   | 1495.1 Relocation Costs                                    |                              |                           |               |                      |  |
| 18   | 1499 Development Activities                                |                              |                           |               |                      |  |
| 19   | 1501 Collectivization or Debt Service                      |                              |                           |               |                      |  |
| 20   | 1502 Contingency                                           |                              |                           |               |                      |  |
| 21   | Amount of Annual Grant: (sum of lines 2 – 20)              | 113,030                      | 113,030                   | 45,212        | 45,212               |  |

| Ann   | Annual Statement/Performance and Evaluation Report                                                                             |              |                            |           |            |  |  |  |  |  |
|-------|--------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|-----------|------------|--|--|--|--|--|
| Cap   | Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary                          |              |                            |           |            |  |  |  |  |  |
| PHA N | PHA Name: DOWAGIAC HOUSING COMMISSION Grant Type and Number Capital Fund Program Grant No: MI33P120501-04 Federal FY of Grant: |              |                            |           |            |  |  |  |  |  |
|       |                                                                                                                                |              | 10/2004                    |           |            |  |  |  |  |  |
| Orig  | ginal Annual Statement Reserve for Disasters/ Emerg                                                                            |              | ,                          |           |            |  |  |  |  |  |
| X Per | formance and Evaluation Report for Period Ending: 9/                                                                           | <b>30/05</b> | rformance and Evaluation I | Report    |            |  |  |  |  |  |
| Line  | Summary by Development Account                                                                                                 | Total Esti   | mated Cost                 | Total A   | ctual Cost |  |  |  |  |  |
| No.   |                                                                                                                                |              |                            |           |            |  |  |  |  |  |
|       |                                                                                                                                | Original     | Revised                    | Obligated | Expended   |  |  |  |  |  |
| 22    | Amount of line 21 Related to LBP Activities                                                                                    |              |                            |           |            |  |  |  |  |  |
| 23    | Amount of line 21 Related to Section 504 compliance                                                                            |              |                            |           |            |  |  |  |  |  |
| 24    | Amount of line 21 Related to Security – Soft Costs                                                                             |              |                            |           |            |  |  |  |  |  |
| 25    | Amount of Line 21 Related to Security – Hard Costs                                                                             |              |                            |           |            |  |  |  |  |  |
| 26    | Amount of line 21 Related to Energy Conservation Measures                                                                      |              |                            |           |            |  |  |  |  |  |

## Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

| PHA Name: Dowagiac Housing Commission |                              | Grant Type and | Number<br>ogram Grant No: MI | Federal FY of Grant: 10/2004 |         |           |          |   |
|---------------------------------------|------------------------------|----------------|------------------------------|------------------------------|---------|-----------|----------|---|
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              | Replacement Ho | using Factor Grant N         | 0:<br>I                      |         |           |          | П |
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              |                |                              | Original                     | Revised | Funds     | Funds    |   |
|                                       |                              |                |                              |                              |         | Obligated | Expended |   |
| HA-WIDE                               | OPERATIONS                   | 1406           |                              | 0                            | 11,303  | 11,303    | 11,303   |   |
| HA-WIDE                               | MANAGEMENT IMPROVEMENTS      | 1408           |                              | 22,606                       | 22,606  | 22,606    | 22,606   |   |
| HA-WIDE                               | ADMINISTRATION               | 1410           |                              | 11,303                       | 11,303  | 11,303    | 11,303   |   |
| HA-WIDE                               | AUDIT                        | 1411           |                              | 0                            | 0       |           |          |   |
| HA-WIDE                               | FEES & COSTS                 | 1430           |                              | 0                            | 5,000   |           |          |   |
| HA-WIDE                               | Landscape both developments  | 1450           |                              | 0                            | 10,000  | 10,000    |          |   |
| MI-120-02                             | Replace Kitchen Cabinets     | 1460           |                              | 0                            | 22,818  |           |          |   |
| MI-120-02                             | Install Security Cameras     | 1460           |                              | 0                            | 8,000   |           |          |   |
| MI120-01                              | Replace gutters & downspouts | 1460           |                              | 0                            | 22,000  |           |          |   |
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              |                |                              |                              | 0       |           |          |   |
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              |                |                              |                              |         |           |          |   |
|                                       |                              |                |                              |                              |         |           |          |   |

| PHA Name:          |            |              | Type and Nun                           |              |                    | Federal FY of Grant: 10/2004 |                                  |
|--------------------|------------|--------------|----------------------------------------|--------------|--------------------|------------------------------|----------------------------------|
|                    |            | Capit        | apital Fund Program No: MI33P120501-04 |              |                    |                              |                                  |
| DOWAGIAC HOUSING   | COMMISSION | Repla        | acement Housin                         | g Factor No: |                    |                              |                                  |
| Development Number | All        | Fund Obligat | ed                                     | A            | ll Funds Expended  | 1                            | Reasons for Revised Target Dates |
| Name/HA-Wide       |            | ter Ending D |                                        |              | uarter Ending Date |                              |                                  |
| Activities         |            |              |                                        |              |                    |                              |                                  |
|                    | Original   | Revised      | Actual                                 | Original     | Revised            | Actual                       |                                  |
| HA-WIDE            | 09/30/06   |              | 09/30/06                               | 09/30/07     |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |
|                    |            |              |                                        |              |                    |                              |                                  |

| Ann         | Annual Statement/Performance and Evaluation Report                                                                                                                |                              |                     |                      |               |  |  |  |  |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|----------------------|---------------|--|--|--|--|
| Cap         | ital Fund Program and Capital Fund F                                                                                                                              | Program Replaceme            | nt Housing Factor ( | CFP/CFPRHF) Pa       | rt I: Summary |  |  |  |  |
| PHA N       | Name: DOWAGIAC HOUSING COMMISSION                                                                                                                                 |                              |                     | Federal FY of Grant: |               |  |  |  |  |
|             |                                                                                                                                                                   | Capital Fund Program Grant 1 |                     |                      | 10/2002       |  |  |  |  |
|             | Replacement Housing Factor Grant No: 10/20                                                                                                                        |                              |                     |                      |               |  |  |  |  |
|             | nal Annual Statement Reserve for Disasters/ Emerg                                                                                                                 |                              |                     |                      |               |  |  |  |  |
|             | X Performance and Evaluation Report for Period Ending: 9/30/04  Line Summary by Development Account  X Final Performance and Evaluation Report  Total Actual Cost |                              |                     |                      |               |  |  |  |  |
| Line<br>No. | Summary by Development Account                                                                                                                                    | 1 otal Esti                  | matea Cost          | 1 Otal A             | ictual Cost   |  |  |  |  |
| 110.        |                                                                                                                                                                   | Original                     | Revised             | Obligated            | Expended      |  |  |  |  |
| 1           | Total non-CFP Funds                                                                                                                                               | - 6                          |                     | g g                  |               |  |  |  |  |
| 2           | 1406 Operations                                                                                                                                                   |                              |                     |                      |               |  |  |  |  |
| 3           | 1408 Management Improvements                                                                                                                                      |                              |                     |                      |               |  |  |  |  |
| 4           | 1410 Administration                                                                                                                                               |                              |                     |                      |               |  |  |  |  |
| 5           | 1411 Audit                                                                                                                                                        |                              |                     |                      |               |  |  |  |  |
| 6           | 1415 Liquidated Damages                                                                                                                                           |                              |                     |                      |               |  |  |  |  |
| 7           | 1430 Fees and Costs                                                                                                                                               |                              |                     |                      |               |  |  |  |  |
| 8           | 1440 Site Acquisition                                                                                                                                             |                              |                     |                      |               |  |  |  |  |
| 9           | 1450 Site Improvement                                                                                                                                             |                              |                     |                      |               |  |  |  |  |
| 10          | 1460 Dwelling Structures                                                                                                                                          | 10,000                       | 1,304.41            | 1,304.41             | 1,304.41      |  |  |  |  |
| 11          | 1465.1 Dwelling Equipment—Nonexpendable                                                                                                                           | 10,401                       | 5,828               | 5,828                | 5,828         |  |  |  |  |
| 12          | 1470 Non-dwelling Structures                                                                                                                                      |                              | 2,401.80            | 2,401.80             | 2,401.80      |  |  |  |  |
| 13          | 1475 Non-dwelling Equipment                                                                                                                                       |                              | 10,866.79           | 10,866.79            | 10,866.79     |  |  |  |  |
| 14          | 1485 Demolition                                                                                                                                                   |                              |                     |                      |               |  |  |  |  |
| 15          | 1490 Replacement Reserve                                                                                                                                          |                              |                     |                      |               |  |  |  |  |
| 16          | 1492 Moving to Work Demonstration                                                                                                                                 |                              |                     |                      |               |  |  |  |  |
| 17          | 1495.1 Relocation Costs                                                                                                                                           |                              |                     |                      |               |  |  |  |  |
| 18          | 1499 Development Activities                                                                                                                                       |                              |                     |                      |               |  |  |  |  |
| 19          | 1501 Collectivization or Debt Service                                                                                                                             |                              |                     |                      |               |  |  |  |  |
| 20          | 1502 Contingency                                                                                                                                                  |                              |                     |                      |               |  |  |  |  |
| 21          | Amount of Annual Grant: (sum of lines 2 – 20)                                                                                                                     | 20,401                       | 20,401              | 20,401               | 20,401        |  |  |  |  |
| 22          | Amount of line 21 Related to LBP Activities                                                                                                                       |                              |                     |                      |               |  |  |  |  |

| Annual Statement/Performance and Evaluation Report |                                                                                                       |                                                     |                           |                          |                      |  |  |  |  |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------|--------------------------|----------------------|--|--|--|--|
| Cap                                                | Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary |                                                     |                           |                          |                      |  |  |  |  |
| PHA N                                              | lame: DOWAGIAC HOUSING COMMISSION                                                                     | Grant Type and Number<br>Capital Fund Program Grant | No: MI33P120502-03        |                          | Federal FY of Grant: |  |  |  |  |
|                                                    |                                                                                                       | Replacement Housing Factor                          | Grant No:                 |                          | 10/2003              |  |  |  |  |
| Origi                                              | Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: ) |                                                     |                           |                          |                      |  |  |  |  |
| X Per                                              | formance and Evaluation Report for Period Ending: 9/                                                  | 30/04 X Final Per                                   | formance and Evaluation I | Report                   |                      |  |  |  |  |
| Line                                               | Summary by Development Account                                                                        | Total Esti                                          | Total A                   | <b>Total Actual Cost</b> |                      |  |  |  |  |
| No.                                                |                                                                                                       |                                                     |                           |                          |                      |  |  |  |  |
|                                                    |                                                                                                       | Original                                            | Revised                   | Obligated                | Expended             |  |  |  |  |
| 23                                                 | 23 Amount of line 21 Related to Section 504 compliance                                                |                                                     |                           |                          |                      |  |  |  |  |
| 24                                                 | Amount of line 21 Related to Security – Soft Costs                                                    | its .                                               |                           |                          |                      |  |  |  |  |
| 25                                                 | Amount of Line 21 Related to Security – Hard Costs                                                    |                                                     |                           |                          |                      |  |  |  |  |
| 26                                                 | · · · · · · · · · · · · · · · · · · ·                                                                 |                                                     |                           |                          |                      |  |  |  |  |

## Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

| PHA Name: Dowagiac Housing Commission               |                                              | Grant Type and N   |                        | Federal FY of Grant: 10/2003 |          |                    |                   |                   |
|-----------------------------------------------------|----------------------------------------------|--------------------|------------------------|------------------------------|----------|--------------------|-------------------|-------------------|
|                                                     |                                              | Capital Fund Progr | ram Grant No: ${f MI}$ | [33P120502-0                 | 3        |                    |                   |                   |
|                                                     |                                              | Replacement Hous   | sing Factor Grant N    | lo:                          |          |                    |                   |                   |
| Development<br>Number<br>Name/HA-Wide<br>Activities | General Description of Major Work Categories | Dev. Acct No.      | Quantity               | uantity Total Estimated Cost |          | Total Actual Cost  |                   | Status of<br>Work |
| retivities                                          |                                              |                    |                        | Original                     | Revised  | Funds<br>Obligated | Funds<br>Expended |                   |
| HA-WIDE                                             | OPERATIONS                                   | 1406               |                        |                              |          |                    | •                 |                   |
| HA-WIDE                                             | MANAGEMENT IMPROVEMENTS                      | 1408               |                        |                              |          |                    |                   |                   |
| HA-WIDE                                             | ADMINISTRATION                               | 1410               |                        |                              |          |                    |                   |                   |
| HA-WIDE                                             | AUDIT                                        | 1411               |                        |                              |          |                    |                   |                   |
| HA-WIDE                                             | FEES & COSTS                                 | 1430               |                        |                              |          |                    |                   |                   |
| HA-WIDE                                             | SITE IMPROVEMENTS                            | 1450               |                        |                              |          |                    |                   |                   |
| MI120-01                                            | Replace damaged kitchen cabinets             | 1460               |                        | 10,000                       | 1,304.41 | 1,304.41           | 1,304.41          |                   |
| HA-WIDE                                             | Replace refrigerators & ranges               | 1465               |                        | 10,401                       | 5,828    | 5,828              | 5,828             |                   |
| MI120-01                                            | Maintenance Shed                             | 1470               |                        |                              | 2,401.80 | 2,401.80           | 2,401.80          |                   |
| HA-WIDE                                             | Tractor with Plow                            | 1475               |                        |                              | 2,799    | 2,799              | 2,799             |                   |
| HA-WIDE                                             | Voice Mail System                            | 1475               |                        |                              | 1,445    | 1,445              | 1,445             |                   |
| HA-WIDE                                             | Computer System for Admin. Office            | 1475               |                        |                              | 6,622.79 | 6,622.79           | 6,622.79          |                   |
|                                                     |                                              |                    |                        |                              |          |                    |                   |                   |
|                                                     |                                              |                    |                        |                              |          |                    |                   |                   |
|                                                     |                                              |                    |                        |                              |          |                    |                   |                   |
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| rr                 |            |               |                                         |          |                    |          |                                  |
|--------------------|------------|---------------|-----------------------------------------|----------|--------------------|----------|----------------------------------|
|                    |            |               | t Type and Nur                          |          |                    |          | Federal FY of Grant: 10/2003     |
|                    |            | Capi          | Capital Fund Program No: MI33P120502-03 |          |                    |          |                                  |
| DOWAGIAC HOUSING C | COMMISSION |               | acement Housir                          |          |                    |          |                                  |
| Development Number | All        | Fund Obliga   | ted                                     | A        | All Funds Expended | d        | Reasons for Revised Target Dates |
| Name/HA-Wide       |            | rter Ending I |                                         |          | uarter Ending Date |          |                                  |
| Activities         |            |               |                                         |          |                    |          |                                  |
|                    | Original   | Revised       | Actual                                  | Original | Revised            | Actual   |                                  |
| HA-WIDE            | 09/30/05   |               | 09/30/05                                | 09/30/06 | 09/30/05           | 09/30/05 |                                  |
|                    |            |               |                                         |          |                    |          |                                  |
|                    |            |               |                                         |          |                    |          |                                  |
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|                    |            |               |                                         |          |                    |          |                                  |
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|                    |            |               |                                         |          |                    |          |                                  |

| Ann   | ual Statement/Performance and Eva               | aluation Report                      |                          |                |                      |
|-------|-------------------------------------------------|--------------------------------------|--------------------------|----------------|----------------------|
| Can   | ital Fund Program and Capital Fun               | d Program Replaceme                  | nt Housing Factor (      | (CFP/CFPRHF) P | art I: Summary       |
| _     | Name: DOWAGIAC HOUSING COMMISSION               | Grant Type and Number                | 8                        | ( - ' - ' )    | Federal FY of Grant: |
|       |                                                 | Capital Fund Program Grant N         | No: MI33P120501-05       |                |                      |
|       |                                                 | Replacement Housing Factor           | Grant No:                |                | 10/2005              |
| X Ori | ginal Annual Statement Reserve for Disasters/ F | <b>Emergencies Revised Annual St</b> | tatement (revision no: ) |                | <u> </u>             |
| X Per | formance and Evaluation Report for Period Endin | g: 9/30/05 Final Perfo               | rmance and Evaluation Re | port           |                      |
| Line  | Summary by Development Account                  | Total Estin                          | mated Cost               | Total          | <b>Actual Cost</b>   |
| No.   |                                                 |                                      |                          |                | <del>_</del>         |
|       |                                                 | Original                             | Revised                  | Obligated      | Expended             |
| 1     | Total non-CFP Funds                             |                                      |                          |                |                      |
| 2     | 1406 Operations                                 | 10,840                               |                          |                |                      |
| 3     | 1408 Management Improvements                    | 10,840                               |                          |                |                      |
| 4     | 1410 Administration                             | 10,840                               |                          |                |                      |
| 5     | 1411 Audit                                      |                                      |                          |                |                      |
| 6     | 1415 Liquidated Damages                         |                                      |                          |                |                      |
| 7     | 1430 Fees and Costs                             | 9,000                                |                          |                |                      |
| 8     | 1440 Site Acquisition                           |                                      |                          |                |                      |
| 9     | 1450 Site Improvement                           |                                      |                          |                |                      |
| 10    | 1460 Dwelling Structures                        | 51,880                               |                          |                |                      |
| 11    | 1465.1 Dwelling Equipment—Nonexpendable         |                                      |                          |                |                      |
| 12    | 1470 Non-dwelling Structures                    |                                      |                          |                |                      |
| 13    | 1475 Non-dwelling Equipment                     | 15,000                               |                          |                |                      |
| 14    | 1485 Demolition                                 |                                      |                          |                |                      |
| 15    | 1490 Replacement Reserve                        |                                      |                          |                |                      |
| 16    | 1492 Moving to Work Demonstration               |                                      |                          |                |                      |
| 17    | 1495.1 Relocation Costs                         |                                      |                          |                |                      |
| 18    | 1499 Development Activities                     |                                      |                          |                |                      |
| 19    | 1501 Collectivization or Debt Service           |                                      |                          |                |                      |
| 20    | 1502 Contingency                                |                                      |                          |                |                      |
| 21    | Amount of Annual Grant: (sum of lines $2-20$ )  | 108,400                              |                          |                |                      |
| 22    | Amount of line 21 Related to LBP Activities     |                                      |                          |                |                      |

| Annual Statement/Performance and Evaluation Report                                                    |                                                                                                         |                                                     |                           |           |                      |  |  |  |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------|-----------|----------------------|--|--|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary |                                                                                                         |                                                     |                           |           |                      |  |  |  |
| PHA N                                                                                                 | Iame: DOWAGIAC HOUSING COMMISSION                                                                       | Grant Type and Number<br>Capital Fund Program Grant | No: MI33P120501-05        |           | Federal FY of Grant: |  |  |  |
|                                                                                                       |                                                                                                         | Replacement Housing Factor                          |                           |           | 10/2005              |  |  |  |
| X Ori                                                                                                 | X Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: ) |                                                     |                           |           |                      |  |  |  |
| X Per                                                                                                 | formance and Evaluation Report for Period Ending: 9/                                                    | 30/05 Final Perfo                                   | ormance and Evaluation Re | eport     |                      |  |  |  |
| Line                                                                                                  | Summary by Development Account                                                                          | Total Esti                                          | mated Cost                | Total A   | ctual Cost           |  |  |  |
| No.                                                                                                   |                                                                                                         |                                                     |                           |           |                      |  |  |  |
|                                                                                                       |                                                                                                         | Original                                            | Revised                   | Obligated | Expended             |  |  |  |
| 23                                                                                                    | 23 Amount of line 21 Related to Section 504 compliance                                                  |                                                     |                           |           |                      |  |  |  |
| 24                                                                                                    | Amount of line 21 Related to Security – Soft Costs                                                      |                                                     |                           |           |                      |  |  |  |
| 25                                                                                                    | Amount of Line 21 Related to Security – Hard Costs                                                      |                                                     |                           |           |                      |  |  |  |
| 26                                                                                                    | 1                                                                                                       |                                                     |                           |           |                      |  |  |  |

### **Annual Statement/Performance and Evaluation Report**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

| PHA Name: Dowag                            | iac Housing Commission                       | Grant Type and I<br>Capital Fund Prog | Number<br>gram Grant No: MI | Federal FY of Grant: 10/2005 |         |                    |                   |                   |
|--------------------------------------------|----------------------------------------------|---------------------------------------|-----------------------------|------------------------------|---------|--------------------|-------------------|-------------------|
|                                            |                                              | Replacement Hou                       | sing Factor Grant N         | o:                           |         |                    |                   |                   |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No.                         | No. Quantity                | Total Estimated Cost         |         | Total Actual Cost  |                   | Status of<br>Work |
|                                            |                                              |                                       |                             | Original                     | Revised | Funds<br>Obligated | Funds<br>Expended |                   |
| HA-WIDE                                    | OPERATIONS                                   | 1406                                  |                             | 10,840                       |         |                    |                   |                   |
| HA-WIDE                                    | MANAGEMENT IMPROVEMENTS                      | 1408                                  |                             | 10,840                       |         |                    |                   |                   |
| HA-WIDE                                    | ADMINISTRATION                               | 1410                                  |                             | 10,840                       |         |                    |                   |                   |
| HA-WIDE                                    | AUDIT                                        | 1411                                  |                             |                              |         |                    |                   |                   |
| HA-WIDE                                    | FEES & COSTS                                 | 1430                                  |                             | 9,000                        |         |                    |                   |                   |
| HA-WIDE                                    | SITE IMPROVEMENTS                            | 1450                                  |                             |                              |         |                    |                   |                   |
| MI120-02                                   | REPLACE KITCHEN CABINETS                     | 1460                                  |                             | 40,000                       |         |                    |                   |                   |
| MI120-01                                   | REPAIR/REPLACE ROOFS                         | 1460                                  |                             | 11,880                       |         |                    |                   |                   |
| HA-WIDE                                    | GENERATOR                                    | 1475                                  |                             | 15,000                       |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |
|                                            |                                              |                                       |                             |                              |         |                    |                   |                   |

| PHA Name:                                        |            |                               | Type and Nur                                                           |                                          |         |        | Federal FY of Grant: 10/2005     |
|--------------------------------------------------|------------|-------------------------------|------------------------------------------------------------------------|------------------------------------------|---------|--------|----------------------------------|
| DOWAGIAC HOUSING                                 | COMMISSION |                               | Capital Fund Program No: MI33P120501-05 Replacement Housing Factor No: |                                          |         |        |                                  |
| Development Number<br>Name/HA-Wide<br>Activities |            | Fund Obligat<br>rter Ending D | ed                                                                     | All Funds Expended (Quarter Ending Date) |         |        | Reasons for Revised Target Dates |
|                                                  | Original   | Revised                       | Actual                                                                 | Original                                 | Revised | Actual |                                  |
| HA-WIDE                                          | 09/30/07   |                               |                                                                        | 09/30/07                                 |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |
|                                                  |            |                               |                                                                        |                                          |         |        |                                  |